Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

| A Fo | or the | 2023 calendar year, or tax year beginning and calendar year, or tax year beginning | enaing | | | | |
|--|------------------------------|--|---------------|-------------------------------|-------------------------------|--|--|
| 3 Ch | neck if opticable: | C Name of organization | | D Employer identific | ation number | | |
| | Address | | | | - 0 | | |
| | Name change | | _ | 94-610275 | 02 | | |
| <u></u> | Initial return Final | Number and street (or P.O. box if mail is not delivered to street address) PO BOX 468 | Room/suite | E Telephone number 415-461-7 | | | |
| | return/ termin- | | | G Gross receipts \$ | 76830. | | |
| _ | ated]Amend: return | City or town, state or province, country, and ZIP or foreign postal code ROSS, CA 94957 | | H(a) Is this a group re | | | |
| = | 1Annlica | | | | ? Yes X No | | |
| | tion pending | F Name and address of principal officer. 512471 | | H(b) Are all subordinates inc | | | |
| | | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | | list. See instructions | | | |
| | ax-exe Vebsit | THE STATE OF THE S | or <u>527</u> | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other | I. Year | | State of legal domicile: CA | | |
| | | Summary | 100 | or to macion, | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | IDING | FINANCIAL SU | JPPORT TO | | |
| 8 | ' ; | PALENTED, PROMISING, YOUNG MARIN COUNTY S | TUDEN' | IS OF CLASSI | CAL MUSIC | | |
| Activities & Governance | _ | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | ets. | | |
| ē | _ | | | 3 | 0 | | |
| é | | Number of independent voting members of the governing body (Part VI; line 1b) | | | | | |
| ∞ಶ | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | •••••• | · 0 | | | |
| ies | | Total number of volunteers (estimate if necessary) | | ····· | 0 | | |
| 3 | _ | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ac | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| - | <u> </u> | Net unrelated outsitiess taxable income itom one 13,1 art i, and 11 | | Prior Year | Current Year | | |
| | ۵. | Contributions and arrate (Part VIII. line 1h) | | 18040. | 28931. | | |
| en | | Contributions and grants (Part VIII, line 1h) | | 0. | 0. | | |
| /en | I | Program service revenue (Part VIII, line 2g) | | -50722. | 47899. | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | |
| | | Other revenue (Part VIII, Column (A), lines 5, 60, 60, 90, 100, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | -32682. | 76830. | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 20967. | 19113. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| | | Salaries, other compensation, employee benefits (Part IX, column (A), line 4) | | 0. | 0. | | |
| 8 | 15 | | | 0. | 0. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | | | | |
| X | _b | Total fundraising expenses (Part IX, column (D), line 25) | | 19847. | 19663. | | |
| | " | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 40814. | 38776. | | |
| | | | | -73496. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | В | eginning of Current Year | End of Year | | |
| Sign | | T. I. L. and A. Control (Day 10) | | 452251. | 490305. | | |
| SSe' | 20 | Total assets (Part X, line 16) | | 0. | 0. | | |
| Net Assets or | 21 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 452251. | 490305. | | |
| ᡖ | 22 art II | Signature Block | | 102201 | | | |
| Und | ar ness | lities of perjury, I declare that I have examined this return, including accompanying schedule | s and staten | nents, and to the best of my | v knowledge and belief, it is | | |
| UIIU | er pena | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepare | er has any knowledge. | ,,, | | |
| riné | , correc | and complete. Declaration of preparer (other than onless) is based on an information of the | mon propas | , rido any miombogo. | | | |
| O7- | _ | Signature of officer | | Date | | | |
| Sig | | JANET GARVIN, TREASURER | | | | | |
| Her | re | Type or print name and title | | <u> </u> | | | |
| | | Date Check | PTIN | | | | |
| Da! | a | Print/Type preparer's name GARY WINSTON Preparer's significant with the preparer's significa | roun | 04/29/24 if L | P00244226 | | |
| Pai | | COORDINATE CONTROL TOTAL | | Firm's EIN 6 | 8-0080130 | | |
| | parer | Firm's name GOODMAN TAX SERVICE, INC. Firm's address 999 FIFTH AVE. SUITE 250 | ^ | Tunis Like G | <u> </u> | | |
| Use Only Firm's address 999 FIFTH AVE. SUITE 250 SAN RAFAEL, CA 94901 Phone no.415-459-1 | | | | | | | |
| | ا - طفیہ | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | |
| ıvıa | ıv une l | uo discuss triis tetutti mitti file biebatet stiomit apove : dee instructions | | ***************************** | | | |

Form 990 (2023)

Form 990 (2023) MARIN MUSIC
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)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | з | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | |
| 0 | - | 8 | | х |
| 9 | Schedule D, Part III | – | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV | ۳ | | |
| 10 | | 10 | | х |
| 44 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | F 10 | 194 | |
| 11 | | | | s 38 0 |
| _ | as applicable. | <u> </u> | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 11a | | х |
| L | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | ı ıa | | |
| D | | .11b | | х |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 1 10 | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44- | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | x |
| | 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 | 1 | | x |
| | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | x |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _ |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | x |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | _ ا | | X |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | 1 | x |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 4 | | x |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | ^ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 1 | x |
| , - | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ┢ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," | | | - T |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | \vdash | ├^- |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | - | - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | X | <u> </u> |

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| r ai | try Checklist of Required Schedules (continued) | _ | | |
|------|---|---------------|----------|-------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | x | |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 | | | |
| | Schedule J | 23 | | X |
| 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 | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | İ | |
| | any tax-exempt bonds? | 24c | | |
| | 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 | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | 1 | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | l | | v |
| | Schedule L, Part I | 25b | | <u>X</u> |
| 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% | | | x |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u>~~</u> - |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 27 | | X |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | - | | |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | 3.00 | |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### Instructions for applicable filling truesholds, conditions, and exceptions. | | 3800 | 25.04.2 |
| a | "Yes," complete Schedule L, Part IV | 28a | | X |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| Ū | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | Į . | \ | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | l | ļ | 37 |
| | Part V, line 1 | 34 | | X |
| | 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 | 35b | | |
| ^~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | \vdash |
| 36 | If "Yes," complete Schedule R, Part V, line 2 | 36 | 1 | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 100 | | |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | ľ | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| ~ | | 38 | х | <u> </u> |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt 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 | | | 口. |
| | | _ | Yes | No |
| | Enter the humber reported in box of Controlled in the applicable | IJ. | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | <u> </u> | | ; |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | ₩- | <u> </u> |
| | (gambling) winnings to prize winners? | 1c | L | (2022) |

| rai | t V Statements Regarding Other MS I mings and Tax Compliance (continued) | | | | | | | | |
|------------|--|--------------|--|--------------|--|--|--|--|--|
| | | V | Yes | No | | | | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | mice for the described your change that of what are your described by this retain. |) <u> </u> | | لللل | | | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | |
| | • | | | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 1. | | 7.7 | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | X | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | _ | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | x | | | | | |
| _ | any contributions that were not tax deductible as charitable contributions? | 6a | | <u> </u> | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | ۱., | | | | | | | |
| | were not tax deductible? | 6b | \vdash | ├- | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | X | | | | | |
| _ | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | - | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | \vdash | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | x | | | | | |
| | to file Form 8282? | 7c | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | \vdash | | | | | | |
| e | | | | | | | | | |
| f | | | | | | | | | |
| 9 | | | | | | | | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | | | | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | | | | | | | | | |
| _ | a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | + | \vdash | | | | | |
| 10 | Initiation fees and capital contributions included on Part VIII, line 12 | | , | | | | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | 1 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ┪ | | i. Se vye | | | | | |
| | Gross income from members or shareholders | | | | | | | | |
| a h | Gross income from other sources. (Do not net amounts due or paid to other sources against | 7 | | ii . | | | | | |
| _ | amounts due or received from them.) | 1 | | | | | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 1 | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | -3; | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 7 | | | | | | | |
| а | and the state of t | | | | | | | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | ١., | | | | | | | |
| Ь | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | 34 | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | | | | | | | | | |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | 1 | x | | | | | |
| | excess parachute payment(s) during the year? | | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ↓ | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | <u> </u> | <u> </u> | <u> </u> | | | | | |
| 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? | 17 | 1 | | | | | | |
| | If "Yes," complete Form 6069. | merge. | 1737 | | | | | | |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 | | 75775 | X |
|-----|---|------------|-------------|-------------|
| Sec | tion A. Governing Body and Management | | | |
| | 1 1 -1 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | , | u | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | 8 4≨ | W. A. |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b0 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | _5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | _X_ |
| 7a | 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? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | i | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | Townson and |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | 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 | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 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? | 10b | | L |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | rii y |
| 12a | | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | .,,,, | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| | Other officers or key employees of the organization | 15b | | X_ |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | √ *α ?? | - 10 | * |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | 4 | <u> </u> |
| | taxable entity during the year? | 16a | | X |
| h | 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 | ١. | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | | | |
| 18 | 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) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| ~~ | JANET GARVIN - 415-845-4580 | | | |
| | 160 PORTEOUS AVENUE, FAIRFAX, CA 94930 | | | |
| _ | | | | |

MUSIC271

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| X Check this box if neither the organization n | | | | | | | sait | (D) | (E) | (F) | |
|--|--|--|-----------------------|----------------|--------------|------------------------------|----------|-----------------|---|--|--|
| (A) Name and title | (B) Average | (C) Position | | | | | | Reportable | Reportable | Estimated | |
| Name and the | hours per | (do not check more than one box, unless person is both an | | | | than o | | compensation | compensation | amount of other | |
| | week | officer and a director/trustee) | | | | n/trus | tee) | from | from related | | |
| | (list any | ctor | | | | | | the | organizations | compensation | |
| | hours for | ä | | | 1 | 显 | | organization | (W-2/1099-MISC/ | from the | |
| | related | stee o | rustee | | l _ | eusa | | (W-2/1099-MISC/ | 1099-NEC) | organization | |
| | organizations | 崑 | nal t | | loye | E | | 1099-NEC) | | and related | |
| | below | Individual trustee or director | Institutional trustee | Officer | y emp | Highest compensated employee | Farmer | | | organizations | |
| (1) PHIL HICKS | 0.50 | 트 | Ë | <u></u> | 홀 | 皇島 | 요 | | | | |
| BOARD MEMBER | 0.50 | X | | } | | | | 0. | 0. | 0. | |
| (2) MARTHA WALL | 5.00 | | | | | | | | | | |
| PRESIDENT | | 1 | | x | | | | 0. | 0. | 0. | |
| (3) KRISTIN WOMACK | 0.50 | | | | | | | | | - | |
| FIRST V.P. AND RECORDING SECRETARY | | 1 | | x | | ļ | ļ | 0. | 0. | 0. | |
| (4) JANET GARVIN | 1.00 | Î | | | T | | | | | | |
| TREASURER | | | | X | | | | 0. | 0. | 0. | |
| (5) NANCY SCOTT | 1.00 | | | | | Γ | | | | | |
| CORRESPONDING SECRETARY | | | | X | | | | 0. | 0. | 0. | |
| (6) CAROLYN ASHBY | 0.50 | | | | | | | | | | |
| BOARD MEMBER | <u> </u> | X | | | | | | 0. | 0. | 0. | |
| (7) STEVE BERGMAN | 0.00 | 1 | | | | 1 | | 1 | | | |
| BOARD MEMBER ON LEAVE | | X | <u>L</u> | | 1 | | L | 0. | 0. | 0. | |
| (8) JOHN HART | 0.50 | 1 | [| 1 | | | | |] | _ | |
| BOARD MEMBER | | X | | ┖ | $oxed{oxed}$ | $oxed{igspace}$ | <u> </u> | 0. | 0. | 0. | |
| (9) JIM KAMPHOEFER | 0.50 | | | | | | ľ | _ | _ | _ | |
| BOARD MEMBER | | X | ┖ | | | ╙ | <u> </u> | 0. | 0. | 0. | |
| (10) NORALE MCKERSIE | 0.50 | | | | | | ĺ | | _ | 1 . | |
| BOARD MEMBER | <u> </u> | X | _ | <u> </u> | _ | - | | 0. | 0. | 0. | |
| (11) MICHAEL MELLO | 0.50 | ļ | İ | i | | | | | | _ | |
| BOARD MEMBER | <u> </u> | X | | ╙ | _ | 1 | _ | 0. | 0. | 0. | |
| (12) SPENCER MICHELS | 0.50 | ۱ | | | | | | | | | |
| BOARD MEMBER | 1 50 | X | ├- | ⊢ | ⊢ | ╀ | ⊢ | 0. | 0. | 0. | |
| (13) MICHAEL STRUCK | 1.50 | ١., | | | | | 1 | | | | |
| SCHOLARSHIP CHAIR | 0 50 | X | ╀ | ┢ | ╂ | ╁ | ╁ | 0. | 0. | 0. | |
| (14) SARAH CHAPMAN | 0.50 | ┨┰ | 1 | 1 | 1 | | | | | ۸ ا | |
| BOARD MEMBER (15) PHOEBE DONG | 0.50 | X | + | \vdash | | + | + | 0. | 0. | 0. | |
| BOARD MEMBER | 0.30 | $ _{\mathbf{x}}$ | | | | | | 0. | 0. | 0. | |
| (16) SUSAN FRITZ-PREY | 0.50 | 1 | \vdash | - | + | + | + | 1 | | | |
| BOARD MEMBER | · · · · · | x | | | | 1 | 1 | 0. | 0. | ٥. | |
| www. | | +** | \vdash | t | + | 十 | T | ' | † · · · · · · · · · · · · · · · · · · · | | |
| | | + | | | | | | | | | |

Form 990 (2023)

| week (list any) hours for related organizations below line) 1b Subtotal 2 Total from continuation sheets to Part VII, Section A 4 Total (add lines the and 1e) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization in 12 Prays, "complete Schedule J for such individual and related organization from the organization and related organization from the organization and related organization from the organization and related organization and related organization or individuals. Section In 1a, is the sum of reportable compensation from the organization and related organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individuals. Section B 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual. 5 Section B. Independent Contractors | e |
|--|----------|
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 | ted |
| Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 | |
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| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 | 0 |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person. 5 | X |
| Tendered to the digametration of the complete defeatile by the state of the complete defeatile b | X |
| | <u> </u> |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | |
| (A) Name and business address NONE (B) Description of services Compensa | on |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 99 | |

| Par | t VI | | | | | | | | _ |
|--|--|---|---------------|----------------|---|---|--|--|--|
| | | Check if Schedule O c | contai | ns a respons | e or note to any lin | e in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| its, Grants Amounts | 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d | | | | | | 34 34 34 34 34 34 34 34 34 34 34 34 34 3 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | e f | Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f | | | 28931. | 6 10 | | | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 텵 | _ | Noncash contributions included in I | lines 1a | i-1f 1g \$ | | 00031 | k Lavorov De est | | # 2 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| <u>ਨਵ</u> | h | Total, Add lines 1a-1f | | | D1 0 - 4- | 28931. | | | ************************************** |
| l | | | | | Business Code | κ . | | - | * * ** |
| Program Service Revenue | 2 a | | | | | | | | |
| Bey | c | · | | | | | | - | |
| Prog | f | | 411 L1 124 | | | | | - THE THE T | |
| | 3 | Investment income (include | ling d | lividends, int | erest, and | | | | |
| | | | | | •••••• | | | ļ., | |
| | 4 | Income from investment of | | • | • | | | ļ | |
| | 5 | Royalties | ······ | | | 80 W y 2 | | | 471 . 1014 (40) |
| | | | 1 - | (i) Real | (ii) Personal | | | | 268 × 18 × 17 × 18 × 18 × 18 × 18 × 18 × 1 |
| | | Gross rents | 6a | | | · . | | | |
| | | Less: rental expenses | 6b | | | • , | | ** | |
| | | Rental income or (loss) | 6c | | | a | i | | |
| | | Net rental income or (loss) |) | | | | | 1 | |
| | 7 a | Gross amount from sales of | | (i) Securitie | | , | " | 1 . | ٦ |
| ŀ | | assets other than inventory | 7a | 47899 | ' • | to di | , . | | |
| _ | k | Less: cost or other basis | | | , | | | | |
| ᆵ | | and sales expenses | 7b | |). | , } } | | - | • 4. |
| Revenue | | Gain or (loss) | 7c | 47899 | | 45000 | 47000 | | policy and form the second |
| _ | | d Net gain or (loss) | | | | 47899. | 47899. | - | |
| Other | 8 8 | Gross income from fundraising including \$ contributions reported on | | of | | | · , | | 2 |
| | | Part IV, line 18 | | - | 8a | | | | 2.4 |
| | 1 | Less: direct expenses | | | 8b | | | | |
| | | Net income or (loss) from | | | s | | | | |
| | | a Gross income from gamin | | | | | \$ 5 × × × × | | |
| | | Part IV, line 19 | _ | | 9a | r granger | | | |
| | ŀ | Less: direct expenses | | | 9Ъ | | | | |
| | | Net income or (loss) from | | | *************************************** | | , | | |
| | 10 a | a Gross sales of inventory, I | less r | eturns | | a car iga | | | * 40° - 214 325° - 1 |
| | | and allowances | | | 10a | | : | 117 | , " |
| | | b Less: cost of goods sold | - | | 10b | أربا أستنا ينا | * * * | Filipia | * |
| | | Net income or (loss) from | sales | of inventory | 1 | | | , 11.7 | |
| <u> </u> | | | | | Business Code | , , , | | I find and a | |
| Miscellaneous Revenue | 11 : | | | | _ | 1 | 1 | | |
| an la | 1 | b | | | _ | | | 1 | |
| Pice Pice | ' | c | _ | | _ | | | | |
| Ĕ | ' | d All other revenue | | | | | | | # 47 |
| | 12 | e Total. Add lines 11a-11d Total revenue. See instruction | | | *************************************** | 76830. | 47899. | 0. | 0. |
| | | TOTAL DEVENUE OFF TOST UCH | CH CS | | | | | | |

Form 990 (2023) MARIN MUSIC C
Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must comp | | | plete column (A). | |
|-----------|---|-----------------------|------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respon- | | this Part IX | | |
| | ot include amounts reported on lines 6b, 3b, 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 | | 1 | | 1 |
| | and domestic governments. See Part IV, line 21 | 2000. | 2000. | | |
| 2 | Grants and other assistance to domestic | | | , | • |
| | individuals. See Part IV, line 22 | 17113. | 17113. | | |
| 3 | Grants and other assistance to foreign | | | | , de marke |
| | organizations, foreign governments, and foreign | | | * | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | 11 19 m | |
| 5 | Compensation of current officers, directors, | | | Ĭ | |
| | trustees, and key employees | | | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | } | |
| а | Management | - | | | |
| b | Legal | 4.500 | _ | 1.500 | |
| C | Accounting | 1600. | | 1600. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | ra <u>wa</u> K | | |
| f | Investment management fees | | | | |
| g | • • | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | <u> </u> | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 27. | | 27. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | - | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates | | - | - | - |
| 23 | | 1742. | 742. | 1000. | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| 44 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | a l | a. va ^{TT} | ه د | |
| | amount, list line 24e expenses on Schedule O.) | | | . in the second | ************************************** |
| а | | 3504. | 3504. | - | |
| b | BANK AND INVESTMENT FEE | 3409 | | 3409. | |
| C | | 2195. | 2195. | } | |
| d | | 1710. | 1710. | | |
| е | All other expenses SEE SCH O | 5476. | 3111. | 2365. | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 38776. | 30375. | 8401. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | _ | | |

| | | Check if Schedule O contains a response or not | | | 1 | (A) | | (B) |
|-----------------------------|-----|---|--------------------|--------------------|----------------|-------------|----------|--|
| | | | | | Beginn | ing of year | | End of year |
| ı | 1 | Cash - non-interest-bearing | •••• | | | 8195. | 1 | 9709. |
| - | 2 | Savings and temporary cash investments | | | 2 | | | |
| | 3 | Pledges and grants receivable, net | <u> </u> | | _ 3_ | | | |
| | 4 | Accounts receivable, net | | | 4 | | | |
| | 5 | Loans and other receivables from any current or | | 3 - | | | | |
| | | trustee, key employee, creator or founder, subst | tantial c | ontributor, or 35% | **. £ | a | ΘĘ | r |
| | | controlled entity or family member of any of the | se perso | ons | 17 1007 | | _5 | |
| | 6 | Loans and other receivables from other disquali | | | | | | |
| | | under section 4958(f)(1)), and persons described | | • _ | 6 | | | |
| 9 | 7 | Notes and loans receivable, net | | | | - | 7 | |
| Assets | 8 | Inventories for sale or use | | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | other and Carr | | 9 | E * * 4 00 00 60 Tu . |
| | 10a | Land, buildings, and equipment: cost or other | | | | | 8,44 | |
| | | basis. Complete Part VI of Schedule D | | | <u> </u> | . <u></u> | L. | |
| | b | Less: accumulated depreciation | 10b | | | 440604 | 10c | 400151 |
| | 11 | Investments - publicly traded securities | I | 443681. | 11 | 480171 | | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | | |
| | 14 | Intangible assets | | | 14 | 405 | | |
| | 15 | Other assets. See Part IV, line 11 | | 375. | 15 | 425 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 3 | 3) | | 452251. | 16 | 490305 |
| | 17 | Accounts payable and accrued expenses | | | | 17 | ļ | |
| | 18 | Grants payable | | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | | 21 | 2 (23) #74 (23) |
| ς. | 22 | Loans and other payables to any current or form | ner offic | er, director, | | | š | |
| ≝ | | trustee, key employee, creator or founder, subs | ontributor, or 35% | | | * | .1 ' -4 | |
| Llabilitles | | controlled entity or family member of any of the | | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | ated thi | rd parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | ayables | to related third | | | [| |
| | | parties, and other liabilities not included on line | s 17-24 | . Complete Part X | | | | |
| | ŀ | of Schedule D | | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1.,,,, | 0. | 26 | 0 |
| | | Organizations that follow FASB ASC 958, che | eck her | e X | s. He | in in | T/411 | |
| 200 | | and complete lines 27, 28, 32, and 33. | | | | 450051 | 14. | . No. of the second second second second second second second second second second second second second second |
| 툘 | 27 | Net assets without donor restrictions | | | <u> </u> | 452251. | 27 | 490305 |
| 8 | 28 | Net assets with donor restrictions | | | 280 | | 28 | * 10 140 10 Hz |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 9 | 958, ch | eck here | | 4 | | u, so s |
| Ĕ | 1 | and complete lines 29 through 33. | | | \$*- <u>-</u> | . 54 | <u>'</u> | |
| 8 | 29 | Capital stock or trust principal, or current funds | | | | | 29 | |
| sse! | 30 | Paid-in or capital surplus, or land, building, or e | | | | | 30 | <u> </u> |
| ξÀ | 31 | Retained earnings, endowment, accumulated in | | | | 450051 | 31 | 400005 |
| å | 32 | Total net assets or fund balances | | | | 452251. | 32 | 490305 |
| | 33 | Total liabilities and net assets/fund balances | | | | 452251. | 33 | 490305 Form 990 (202 |

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form 990 (2023)

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MARIN MUSIC CHEST

Employer identification number 94-6102752

| Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. | | | | | | | | | | | | | |
|---|-----------|---|---|---|-------------------------------------|----------------------------------|----------------------------|----------------------------|--|--|--|--|--|
| The | organi | zation is not a private founda | ation because it is: (i | For lines 1 through 12, ch | eck only o | ne box.) | | | | | | | |
| 1 | | A church, convention of chu | | | | |)(A)(i). | | | | | | |
| 2 | 一 | A school described in section | on 170(b)(1)(A)(ii). (| Attach Schedule E (Form | 990).) | | | | | | | | |
| 3 | 一 | A hospital or a cooperative I | | | | (b)(1)(A)(ііі |). | | | | | | |
| 4 | 一 | A medical research organiza | | | | | | the hospital's name, | | | | | |
| • | | city, and state: | | • | | | | · | | | | | |
| 5 | | An organization operated fo | or the benefit of a col | llege or university owned | or operate | ed by a go | vernmental unit describe | ed in | | | | | |
| • | _ | section 170(b)(1)(A)(iv). (C | | , | | | | | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in s | ection 17 | D(b)(1)(A)(| 'v). | | | | | | |
| | X | | | | | | | oublic described in | | | | | |
| • | | 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.) | | | | | | | | | | | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Part | 11.3 | | | | | | | | |
| 9 | Ħ | An agricultural research org | | | | d in coniu | nction with a land-grant | college | | | | | |
| - | | or university or a non-land-g | | | | | | | | | | | |
| | | university: | nan conogo or agno | andro (out mondous). | | ,, | | | | | | | |
| 10 | | An organization that normal | lly receives (1) more | than 33 1/3% of its supp | ort from co | ontribution | s, membership fees, and | gross receipts from | | | | | |
| | | activities related to its exem | | | | | | | | | | | |
| | | income and unrelated busin | | | | | | | | | | | |
| | | See section 509(a)(2). (Cor | | (************************************** | | | , J | • | | | | | |
| 11 | | An organization organized a | | ively to test for public saf | etv. See s | section 50 | 9(a)(4). | | | | | | |
| 12 | Ħ | An organization organized a | | | | | | purposes of one or | | | | | |
| | | more publicly supported org | | | | | | | | | | | |
| | | lines 12a through 12d that of | | | | | | | | | | | |
| а | | Type I. A supporting orga | = = = | | | | | giving | | | | | |
| | | the supported organization | • | | | | | | | | | | |
| | | organization. You must c | | | , , , | | | 5 | | | | | |
| b | | Type II. A supporting orga | • | | ion with its | s supporte | d organization(s), by hav | rina | | | | | |
| _ | _ | control or management of | | | | | | | | | | | |
| | | organization(s). You mus | | | | | | | | | | | |
| c | | Type III functionally inte | = | | in connect | ion with, a | and functionally integrate | d with, | | | | | |
| | | its supported organization | | | | | | | | | | | |
| d | . $ abla$ | Type III non-functionally | | | | | | zation(s) | | | | | |
| | | that is not functionally into | | | | | | | | | | | |
| | | requirement (see instructi | | | | | | | | | | | |
| e | | Check this box if the orga | | | | | | | | | | | |
| | | functionally integrated, or | | | | | | | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | | | |
| g | Pro | vide the following information | about the supporte | ed organization(s). | | | | | | | | | |
| | - 1 | i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ng document? | (v) Amount of monetary | (vi) Amount of other | | | | | |
| _ | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | | | | | |
| _ | - | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| — Tot | al | | B 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ž u | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|-----------|--|---------------------------|---------------------|---------------------|--|--|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | l | | | | |
| | membership fees received. (Do not | | | [| | | 400=0. |
| | include any "unusual grants.") | 16234. | 18929. | 20600. | 18040. | 28931. | 102734. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ļ l | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | 1 | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | 400004 |
| 4 | Total. Add lines 1 through 3 | 16234. | 18929. | 20600. | 18040. | 28931. | 102734. |
| 5 | The portion of total contributions | E |). | î î | | in the state of th | |
| | by each person (other than a | \$ | - ಕೃತ್ವಿಗಳು | | | | |
| | governmental unit or publicly | · . | 2 '7. | | | · | |
| | supported organization) included | | in . | | * f . | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | £ * | | | | · | |
| | column (f) | | A STATE OF | | The same of the sa | | 400004 |
| | Public support. Subtract line 5 from line 4. | Î a | | m. 1. | 1 G | % « <u> </u> | 102734. |
| Se | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 . | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 16234. | 18929. | 20600. | 18040. | 28931. | 102734. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | 45000 | 62250 |
| | and income from similar sources | 6978. | 11491. | 47704. | -50722. | 47899. | 63350. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | • | | |
| | assets (Explain in Part VI.) | | | | <u> </u> | V, 16 | 1.55004 |
| 11 | Total support. Add lines 7 through 10 | 1 | Mary Mary Mary Mary | 1 Section 1972 | · * * * * * * * * * * * * * * * * * * * | , s k " | 166084. |
| 12 | | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for t | | | | | | |
| _ | organization, check this box and sto | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | T1 | <u> </u> |
| | Public support percentage for 2023 (| • | - | | | 14 | 61.86 <u>%</u> 74.80 % |
| | Public support percentage from 202 | | | | | 15 | |
| 16: | a 33 1/3% support test - 2023. If the | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| ı | 33 1/3% support test - 2022. If the | | | | | | |
| | and stop here. The organization qua | | | | | | |
| 17: | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fac | | | | | | |
| | meets the facts and circumstances t | | | | | | |
| ١ | 10% -facts-and-circumstances tes | | | | | | 10% Of |
| | more, and if the organization meets to | | | | | | |
| | organization meets the facts and circ | | | | | | H |
| <u>18</u> | Private foundation. If the organizati | on did <u>not check a</u> | pox on line 13, 16 | a, 160, 1/a, or 1/6 | o, check this dox a | | _ |
| | | | | | | Schedule A | (Form 990) 2023 |

Schedule A (Form 990) 2023 MARIN MUSIC CHEST 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 | s to |
|--|------|
| US 1 attacks to the design places possible Down II \ | |

| Cheendary year (or fiteal year beginning in) 1 Giffs, grants, contributions, and membraship fees received, (Do not include any "unusual grants,") 2 Giffs, grants, contributions, and membraship fees received, (Do not include any "unusual grants,") 2 Grass receiplist from admissions, morchandise sold or services per formed, or foelines furnished; he organization to trave-some purpose of Gross receiplist from activities that are not an unrelated trade or business under section 513 1 Tax reverues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf surhished by a governmental unit to the organization without charge of Total. Add fines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received expended on the service of the services | Section A. Public Support | elow, please comp | nete Part II.) | | - | | |
|---|---|----------------------|-----------------------|--------------------|---|---|-----------|
| 1 Gife, grants, contributions and membership fees received, (Do not include any Lunusal grants.) 2 Gines received from admissions, membershape services any activity that is related to the organization's tax-evempt purpose 3 Gioss neceipts from admissions, membershape services any activity that is related to the organization's tax-evempt purpose 3 Gioss neceipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's tax-evempt purpose 3 Gioss neceipts from admissions are not an unrelated trade or business under section 513 5 The value of derivices or facilities furnished by a governmental unit to the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization of the organization without charge of the organization without charge of the organization of the organization without charge of the organization of the organization without charge of the organization | | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| memberahip fees received. (Do not include any "unusual grants."). 2 Gross mostlysis from admissions, membrandine sold of services performed, or facilities furnished. In any activity that is related to the organization's tax-exempt purpose of Gross receives from admissions that are not an unrelated trade or business under section 513. 4 Tax eventues levide for the organization's breath and to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's breath and either paid to or expended on its behalf. 6 Total. Add fines it through 5. 7 A mounts included on lines 1, 2 and 3 received from disqualified persons. 9 And lines 7 and 7 to the services of facilities furnished by a governmental unit to the organization's breath of the services of facilities furnished by a governmental unit to the organization's without charge. 6 Total. Add fines it through 5. 7 A mounts included on lines 1, 2 and 3 received from disqualified persons. 9 And lines 7 and 7 to the services of facilities furnished by a governmental unit to the services of facilities furnished by a governmental unit to the services of facilities furnished by a governmental unit to the services of facilities furnished by a governmental unit to the services of facilities furnished by a governmental unit to the services of facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished by a facilities furnished furnished by a facilities furnished by a facilities furnished furnish | • • | (2) 20 .0 | 157=5=5 | 1-, | | | |
| 2 Gross receipts from admissions, menthandles cold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from addividue that are not an unrelated trade or business under section 513 and the section 513 are section 513 and the section 513 are section 513 are section 513 are section 513 are section 514 are section 513 are section 513 are section 513 are section 514 are section 513 are section 514 are section 515 are section 514 are section 515 are section 514 are section | membership fees received. (Do not | ļ | | | | | |
| merchandise sold or services per formad, or facilities furnished in any activity that is related to the organization's travewinty purpose of consistent of the service of the conganization's travewinty purpose of the conganization's travewinty purpose of the conganization's travewinty purpose of the conganization's travewinty congruisation to benefit and either paid to or expended on its behalf or expended | - | - | | | | | |
| are not an unrelated trade or business under section 513 4 Tax revenues lavied for the organization'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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts for the first of th | merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| iness under section 513 4 Tax reverues levied for the organization'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 disqualified persons 1 Amounts included on lines 1, 2, and 3 received from disqualified persons 1 Amounts included on lines 1, 2, and 3 received from disqualified persons 2 Amounts included on lines 1 and 3 received from disqualified persons and a received from disqualified persons 3 received from disqualified persons 4 Public support (selevis in Explaigus) 5 Section B. Total Support Calcularty year (first in the Payer Add lines 7 and 7b 9 Amounts from line 6 10a Gross incents from iteres. 4 Calcularty year (first in the Payer) 10a Gross incents from iteres. 5 Unique to year, rems, revelved on securities loans, rems, revelvalies, and income from similar sources 1 Unique to year. 6 In the 10 person in t | 3 Gross receipts from activities that | } | | | | | |
| 4 Tax revenues leviad for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals builded in lines 1, 2, and 3 received from disqualified persons by Annuals from the 15th by sext. 9 Public support. (Sextlines from line 5 10 And dires 2 and 7 b 9 Amounts from line 6 10 Agress income from line feet, dividends, payments received on securifies to land, entry organization of securifies to land, entry organization on securifies to land, entry organization (lines organization) and lines of lines and lines of lines and lines of lines and lines of lines and lines (lines 1) and lines organization of lines securifies to land, entry organization of lines securifies to not the business acquired after June 30, 1975 2 Add lines 10 and 10 b 10 Unrelated business backelie income (less section \$11 axes) from businesses acquired after June 30, 1975 2 Add lines 10 and 10 b 11 Net income from unrelated business acquired after from unrelated business acquired after from unrelated business acquired after from unrelated business is regularly carried on interest, the Form services of the lines is regularly carried on the land of lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and lines (lines 1) and | are not an unrelated trade or bus- | | İ | | | | |
| ization's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 | iness under section 513 | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 | ization's benefit and either paid to | | | | | | |
| 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 disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons but second the gate of \$6,000 at 96 the second the second the gate of \$6,000 at 96 the second the | • | | | | | | |
| the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons that secoed the great of \$5,000 × 16 of the amount on line 13 for the year c Add lines 2 and 70 8 Public support. (Seboster Etem Res) Section B. Total Support Callendar year (or fiscal year beginning in) 9 Amounts from line 6 10 directions from line 6 11 Net income from unrelated business activities not included on line 10 to line | - | | | | | | |
| 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualide persons b Amounts included on lines 2, 2, and 3 received from disqualide persons that second the greater of \$2,000 or 1% of the semant on the rail disqualide persons that second the greater of \$2,000 or 1% of the semant on the rail squalide persons that second the greater of \$2,000 or 1% of the semant on the rail for the year of 4,000 or 1% of the semant of the rail for the year of 4,000 or 1% of the semant of the seman | , - | | | | Í | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts budded on lines 2 and 7s received from chur than disqualified persons that second the gradied on lines 2 and 7s of the the amount on line 15 for the year could be presented to the count of the 15 for the year count of lines 15 for the year count on line 15 for the year count on line 15 for the year count of lines 2 for lines 15 for lines 2 for lines 15 for lines 2 for lines 15 for lines 2 for lines 2 for lines 3 for lines 2 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 3 for lines 4 for line | | _ | | | | | |
| 3 received from disqualified persons b Ansontis included on lines 2 and 3 received from other than disqualified persons but sensitive than disqualified persons but sensitive from the first of the year. c Add lines 7a and 7b. 3 Public support. (Sebratistive (Frequipe 8)) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 | • | | | | | | |
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332023 12-21-23

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? # "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.)

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| | supported organizations played in this regard. | <u> </u> | J | |
|-----|--|------------|----------|----------|
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| ь | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | , | 1 |
| | 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, | n. | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | , , | * * | <u> </u> |
| | that these activities constituted substantially all of its activities. | 2a | ╄ | ــــــ |
| Ь | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | 3 | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | e i | * | i . |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | <u> </u> | ļ |
| | these activities but for the organization's involvement. | 2b | ↓ | <u> </u> |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | 6 | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | ļ | 1 | \$ |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | ╀ | ــــــ |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | <u> </u> |
| | of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard | 3b | | I |

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

detail in Part VI.

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

Section C. Type II Supporting Organizations

the supported organization(s)

| Sche | dule A (Form 990) 2023 MARIN MUSIC CHEST | | | :-6102752 Page 6 |
|----------------|---|--------------|--|--------------------------------|
| Par | 1.500()(0) 0 | ig Organia | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | rt VI). See instructions. |
| • | All other Type III non-functionally integrated supporting organizations mus | t complete S | Sections A through E. | |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 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 | | |
| _ <u>-</u> - | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | ĺ | |
| | 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 | | |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | <u> </u> |
| a | Average monthly value of securities | 1a | | |
| ь | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| ď | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | , 1 | | |
| 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 | _ | <u>.</u> |
| 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 | tion C - Distributable Amount | | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| _2 | | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | t v | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | ar Hann | |
| | Distributable Amount Subtract line 5 from line 4 unless subject to | | | |

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

94-6102752 Page 7 MARIN MUSIC CHEST Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 1 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (ii) Underdistributions (iii) (ii) Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 25 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 2 3 16 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

SCHEDULE ! (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number 94-6102752 |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---|---|
| MARIN MUSI | | <u>.</u> | | | | <u> </u> | 94-0102/52 |
| Part I General Information on Grants and 1 Does the organization maintain records to | | amount of the grants | as appletance, the | grantose! aligibility | for the grants or seeig | etance and the selecti | OD. |
| Does the organization maintain records to criteria used to award the grants or assist. | | | | | | | |
| 2 Describe in Part IV the organization's prod | sedures for monite | oring the use of grant | funds in the United | States. | *************************************** | *************************************** | |
| Part II Grants and Other Assistance to D | omestic Organiz | ations and Domestic | Governments. C | omplete if the orga | anization answered "Y | 'es" on Form 990, Pari | t IV, line 21, for any |
| recipient that received more than \$5 | 5,000. Part II can | be duplicated if addit | ional space is need | ed. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MARIN COUNTY BRANCH, MUSIC | | | | - | | | |
| TEACHERS ASSOC. OF CA - C/O | | | | | | | |
| CHRISTINA BRADLEY 383 IRWIN ST | | | | | | | |
| SAN RAFAEL, CA 94901 | | | 2000. | 0, | | | SCHOLARSHIP |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | d government ord | uanizations listed in th | e line 1 table | | <u> </u> | - | |
| 3 Enter total number of other organizations | - | | | | *************************************** | | |
| For Paperwork Reduction Act Notice, see the | | | | | | | Schedule I (Form 990) 2023 |

SCHEDULE O (Form 990)

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.qov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARIN MUSIC CHEST

Employer identification number 94-6102752

| MARIN MUSIC CHEST | 94-6102752 |
|--|--------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIS | ON: |
| AND, WHEN POSSIBLE, TO ASSIST OTHER NON-PROFIT ORGANIZATIONS | S WITH |
| SIMILAR GOALS. | . |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| TREASURER, VICE PRESIDENT AND PRESIDENT REVIEW THE FORM 990 | BEFORE |
| SUBMISSION. | |
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| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE DOCUMENTS WILL BE PUT ON THE ORGANIZATION'S WEBSITE | |
| | |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: | |
| BOARD EXPENSES: PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 867. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 867. |
| | |
| PHOTOS AND POSTERS: | |
| PROGRAM SERVICE EXPENSES | 833. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 833. |
| | |

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

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 Name of the organization MARIN MUSIC CHEST | Page 2 Employer identification number 94-6102752 |
|---|--|
| WEBSITE: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 720. |
| <u>. </u> | |
| CONCERT PROGRAMS: | |
| PROGRAM SERVICE EXPENSES | 592. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 592. |
| | <u> </u> |
| ACCOMPANISTS: | |
| PROGRAM SERVICE EXPENSES | |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | . 0. |
| TOTAL EXPENSES | 500. |
| ···· | <u> </u> |
| CONCERT FACILITY RENT: | |
| PROGRAM SERVICE EXPENSES | 493. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 493. |
| | |
| GRAPHIC DESIGN: | |
| PROGRAM SERVICE EXPENSES | 450. |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | 0. |
| 332212 11-14-23 | Schedule O (Form 990) 2023 |

| Schedule O (Form 990) 2023 | Page 2 Employer identification number |
|------------------------------------|---------------------------------------|
| MARIN MUSIC CHEST | 94-6102752 |
| TOTAL EXPENSES | 450. |
| POSTAGE, SHIPPING & PO BOX RENT: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 374. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 374. |
| TOTAL EAPENSES | 3,721 |
| SUBSCRIPTIONS & SOFTWARE: | |
| PROGRAM SERVICE EXPENSES | 0 |
| MANAGEMENT AND GENERAL EXPENSES | 372. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 372. |
| | |
| PHOTOGRAPHY: | • |
| PROGRAM SERVICE EXPENSES | 113. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | |
| TOTAL EXPENSES | 113. |
| | |
| CA CORPORATE CHARITABLE TRUST REG: | |
| PROGRAM SERVICE EXPENSES | 95. |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 0.5 |
| | |
| CONCERT EXPENSES: | |
| PROGRAM SERVICE EXPENSES | 35. |
| 332212 11-14-23 | Schedule O (Form 990) 2023 |

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization MARIN MUSIC CHEST | Employer identification number 94-6102752 |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 35. |
| PRINTING AND COPYING: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 32. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 32. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL | A 5476. |
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Forms included in Electronic Filing

| Form 990/990-EZ/990-PF | Form 990-T |
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