Department of the Treesury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

<u> </u>	FOR E	ne 2009 calendar year, or tax year beginning AUG 1, 2009 and ending	JUL 31, 20	10
	Check applica			ntification number
		195 F-5	C Chiproyer (00	atuncation number
<u> </u>		♥ locator MUSICARES FOUNDATION THO		
<u>_</u>	Nar.		۵,5	-4470909
Ĺ		Number and street (or P.O. box if mail is not delivered to street address). Reconstruit		
L	Term	**   Instruction   3030 OLYMPIC BLVD.	1 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10) 392-3777
<u> </u>			G Gross recopts \$	12,197,954.
L	Acpl Light Penk	SANTA MONICA. CA 90404		
	pos	F Name and address of principal officer NETL PORTNOW	H(a) is the a grou	
		3030 OLYMPIC BLVD., SANTA MONICA, CA 90404	for affiliates	
1	Tax-e:	tempt status. (X 501(c) (3 ) ◀ (insert no.)   4947(e\(1) \omega   507	H(b) Are all affiliate	
		ite: ► WWW.GRAMMY.COM/MUSICARES	Wo) Group over	ch a list (see instructions)
		forganization: X Corporation Trust Association Other	rate formation 100	ption number N/A  9 M State of legal domicile: CA
Pi	artik	Summary	O MINERAL 130	2] M SIZIE OF REQUI COMICHE CA
9	1	Briefly describe the organization's mission or most significant activities: MUSICARES	PROVIDES	A CAPPMY NOM
Ë		OF CRITICAL ASSISTANCE FOR MUSIC PEOPLE IN TI	MKG UB MBB	A SAFETI NET
Ē	2	Check this box I if the organization discontinued its operations or disposed of more	May 100 CH	<u> </u>
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	। १० इस स्ट अस्टर विश्वताक	
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		3 18
9	5	Total number of employees (Part V, line 2a)		4 18
ş	6	Total number of volunteers (estimate if necessary)		5 23
큥	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		6 0
	ь	Net unrelated business taxable income from Form 990-T, line 34		7a 0.
-	┲	The state of the s		7ь 0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
Ž	9	Program senare reserve (Part VIII Inc. 2n)	9,740,23	
Revenue	10	Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4 and 7g)  Other revenue (Part VIII, column (A), lines 5, 6d 4gr 9c, 10c, and 11c)	65,46	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 64,150, 9c, 10c, and 11e)	94,56	
	;;		-3,247,72	
		Total revenue "accidates o dilough   1 (must equal Partivilit) column (A), line 12/2	6,652,53	
	13	Grants and similar amounts paid (Part IX, columb (A), lines 1-3)	2,345,722	2. 2,530,140.
_	14	Benefits paid to or for members (Part IX, column W. In(3)) EN UT		
302	15	Salanes, other compensation, employee benefits (Randorcommin (A), lines 5-10)	2,007,899	1,704,473.
Expenses	108	Professional fundraising fees (Part IX, column (A), line 11e)		210,000.
ä	_B	Total fundraising expenses (Part IX, column (D), line 25)  1,335,802.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,806,718	1,321,266.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,160,339	5,765,879.
	19	Revenue less expenses. Subtract line 18 from line 12	492,194	
ets or lances		Be	ginning of Current Ye	
Sec		Total assets (Part X, line 16)	6,627,630	
Net Ass		Total liabilities (Part X, Ine 26)	696,928	
훮	22	Net assets or fund belances. Subtract line 21 from line 20	5,930,702	
	A, III	Signature Block		
7102		Under penalties of perjury, I declare that I have examined this return, including accompanying schedulos and statements, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my know	riedge and bekel, it is true, correct,
			,	
	)	( )	1 6/1	0/11
Here	•	Signature of officer	Date	<del></del>
₹		NEIL PORTNOW PRESIDENT/CEO		•
_		Type or print name and title	-	
Peld			ck (f Pro	parer's identifying number instructions)
Pren	arer's	signature 6/10/11 set	ployed 🕨 🔲	instructions)
Zijse (	Dalv	yours of DELOUPTH TAX LLP	EIN D	
3		address, and 350 SOUTH GRAND AVENUE, SUITE 200		
₹Use (		LOS ANGELES, CALIFORNIA 90071-3462	Phone no.	(213)688-0800
May	the If	S discuss this return with the preparer shown above? (see instructions)	Triblicito.	1901
	1 02-0		zuetie==	Form 990 (2009) *
			GUUUTE.	2000 SESU (2009) 9

Form	990 (2009) MUSICARES FOUNDATION, INC.	95-44709	09 Pa	ige 2
Dor	AILEI Statement of Program Service Accomplishments			
_	See SCHEDULE O FOR CONTINUATION			
•	MIGTCARES PROVIDES A SAFETY NET OF CRITICAL ASSISTANCE	FOR MUSIC		
	PRODUCT IN TIMES OF NEED. MUSICARES' SERVICES AND RESOUR	CES COVER		
	WIDE RANGE OF FINANCIAL, MEDICAL AND PERSONAL EMERGENCI	IBS, AND E	ACH	
	CASE IS TREATED WITH INTEGRITY AND CONFIDENTIALITY. MUS	ICARES AL	so	
2	Did the organization undertake any significant program services during the year which were not listed on			-
-	the pnor Form 990 or 990-EZ?	. L	]Yes 【X	J No
	If "Yes," describe these new services on Schedule O.			<b>.</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? L	]γ∞ [X	J No
	if "Yes." describe these changes on Schedule O.			
4	Describe the exernat ourpose achievements for each of the organization's three largest program services by	enses		
~	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
	SEE SCHEDULE O FOR CONTINUATION	(S)	1E4 27	E .
40	(Code ) (Expenses \$ 2,596,360 · including grants of \$ 1,769,392 · ) (		51,64	
	THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE OF UP TO	35,000 PER	TOTAL COME	<del>-</del>
	CALENDAR YEAR WITH A LIFETIME MAXIMUM OF \$10,000 TO RE	COKDING IN	TOURTE	-
	PERSONNEL, INCLUDING CREATIVE AND TECHNICAL PERSONNEL	(1.E. MUSI	CIMIS	<u>,                                    </u>
	COMPOSERS, ENGINEERS, PRODUCERS, ETC.), MUSIC BUSINESS	STAFF (I.		
	RECORD LABEL STAFF, MANAGEMENT COMPANIES, ENTERTAINMENT	T ATTURNES	INVP	
	MUSIC RETAILERS), AND OTHER MEMBERS OF THE MUSIC COMMU	WITI MUO I	VIVE S	प्रद
	BEEN EMPLOYED IN THE INDUSTRY FOR AT LEAST FIVE YEARS.	TRADE GRE	SONAT.	412
	MADE AVAILABLE TO MUSIC PEOPLE FACING AN UNFORSEEN MED	LAD, PER	JOHNED,	
	OR FINANCIAL CRISIS. THIS CAN INCLUDE PAYMENTS FOR HEAPROFESSIONALS AND PRESCRIPTIONS, RENT/MORTGAGE PAYMENT	C HRALTH		
	INSURANCE PREMIUMS, AND COSTS FOR OTHER BASIC LIVING S	TPPORT SE	RVICES	3.
	THROUGH IT'S COMMUNITY OUTREACH AND EDUCATIONS PROGRAM	S THE FOI	INDATI	TON
_	1 077 032 metalog and 46 713 482 V	(Poromo \$	13,29	10.1
4b	(COOR. ) (Cook of the cook of	HE FOUNDAT		,
	MAP FUND (FORMERLY ADDICTION RECOVERY INITIATIVES) - TO PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS			31C
	COMMUNITY FACING ADDICTION. THE PROGRAM MAY PROVIDE PA	YMENT FOR		
	INPATIENT TREATMENT, SOBER LIVING AND/OR OTHER EXPENSE	S RELATED	TO	
	RECOVERY. THE PROGRAM ALSO PROVIDES A SUPPORT NETWORK	OF RECOVE	RY	
	RESOURCES FOR MUSIC PEOPLE WHO ARE TOURING THROUGHOUT	THE COUNT	RY. II	
	ADDITION THE FOUNDATION ALSO PROVIDES WORKSHOPS AND CO	ORDINATES		
	MRETINGS OF INDUSTRY PROFESSIONALS TO DISCUSS THE PROB	LEMS OF C	HEMIC	AL_
	DEPENDENCY AND DISCUSS SPECIFIC STRATEGIES FOR INTERVE	NTION FOR		
	INDIVIDUALS WITHIN THE MUSIC COMMUNITY.			
40	(Code. ) (Expenses \$ 25,000 · including grants of \$ 25,000 · )	(Revenua \$	. T T T T T T T T T T T T T T T T T T T	)
	THE FOUNDATION IS WORKING TO PROVIDE MEMBERS OF THE MU	SIG COMMO	MITI	
	WITH AFFORDABLE HOUSING OPTIONS THROUGH THE DEVELOPMEN	YOU HELD	MIOK	
	HOUSING FACILITY AND/OR OTHER SERVICES AND PROGRAMS, I	NCDUDING	त्राज	
	FINANCIAL ASSISTANCE FOR RENT, MORTGAGE, AND OTHER HOU	ODG BURUS	HOLLS	TNG
	EXPENSES. A FEASIBILITY STUDY IS UNDERWAY WITH THE ACT DEVELOPMENT CORP. FOR LOW COST HOUSING IN THE LOS ANGE	TRE APPA	11000	
	DEVELOPMENT CORP. FOR LOW COST HOUSING IN THE LOS ANGE	TES WEW.		
		<del></del>		
4.4	Other program services. (Describe in Schedule O.)			
<b>4</b> d	(Expenses \$ uncluding grants of \$ ) (Revenue \$	)		
	3 698 392			
-40	1 A 201 In the sent one and sentence at the sentence of the se		Form 990	(2009)
9320 9320	02 4-10			

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4	In the employment of the control of		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			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	<u> </u>
	public office? If "Yes," complete Schedule C, Part I	ļ		۱
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3	<b></b>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4	<u> </u>	X
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/Z	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	۴	24/2	<del>! -</del>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I	6	1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve onen space	۳	$\vdash$	<del> </del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	l 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			<del>                                     </del>
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, tine 21, serve as a custodian for amounts not listed in Part X, or provide			
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
11	If "Yes," complete Schedule D, Part V	10	X	İ
••	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
•		11	X	
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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			
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI	霻		
•	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			<u>c</u>
•	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X,			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 if "Yes," complete Schedule D. Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
404	Schedule D, Parts XI, XII, and XIII.	12	<u> X</u>	
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		3	
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I		~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145	A	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II		T	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	X	
	located outside the United States? If "Yes," complete Schedule F, Part III	ا ء	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	<del>^</del>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines	<del>-"</del> -		
	1c and day if "Yes," complete Schedule G, Part II	18	x	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<del>- : -</del>		
	complete Schedule G, Part III	19	- [	X
<u>.</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form §	90 (2	(909)

om 990 (2009)	MUSICARES FOUNDATION, INC.	95-44/0303 Page
Daid W. Charklie	t of Required Schedules (continued)	

	•		Y05	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX.		-	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		İ	
	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 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		A\N	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) 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		X
ь	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			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		Ì	٠,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L., Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	l		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	<b> </b>	X
b		28b		A
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	۱	l	x
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	<del>  ^</del>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schadule M	29	<del>  ^</del>	<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30	-	-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	131	<del>                                     </del>	<del> </del> -
32		32	ł	x
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>-</del>	<del>                                     </del>	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	İ	X
		<u> </u>	<b>†</b>	
34	if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
95	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-	1	
35	If "Yes," complete Schedule R, Part V, line 2	35	ļ	X
90	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
38	If "Yes," complete Schedule R, Part V, Inne 2	38	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
91	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Π	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
		Form	890	(2009)

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1	1		Yes	No
-	U.S. Information Returns. Enter O if not applicable	1	27			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	<del>-2</del> /			
	Did the organization comply with backup withholding rules for reportable payments to vendors and i	1b				
·	(gambling) winnings to prize winners?	shousois damind				
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 ' 1' '		1c	X	
243						
_	filed for the calendar year ending with or within the year covered by this return	2a	23			
0	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to the current factor of the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns to the current federal employment tax returns the current federal	ims?		20	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fite this return (see	instructions)				
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covers	ed by this return?		<b>3</b> a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•		<u>3b</u>	N/A	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		48		X
Ь	If "Yes," enter the name of the foreign country.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and				
	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Sa		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transf			<b>5</b> b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	arding Prohibited				
	Tax Shelter Transaction?			5c	N/A	
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solic	at			
	any contributions that were not tax deductible?	_	- 1	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts				
	were not tax deductible?	•		6b	N/A	
7	Organizations that may receive deductible contributions under section 170(c).					
8	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for	goods and services				
	provided to the payor?			7a	x	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•		7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras required				
	to file Form 8282?		1	7c	li	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d N/A	1			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal				
	benefit contract?			7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	- 1	71		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		i	79		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations. Did the	,			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdin	gs Ì			
	at any time during the year?		٠ ا	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.		"			
a	Did the organization make any taxable distributions under section 4966?		Į.	9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		ľ		N/A	_
10	Section 501(c)(7) organizations. Enter.	••	ı			
a	Institution fees and capital contributions included on Part VIII, line 12	10a N/A				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A				
11	Section 501(c)(12) organizations. Enter:	1			量	
8	Gross income from members or shareholders	11a N/A	I			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b N/A	ŀ			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in beu of Form	1041?		12a	N/A	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b N/A	t			
	The state of the s				990 (	20001

Form 990 (2009) MUSICARES FOUNDATION, INC.

Part VII 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 in Schedule O. See instructions

Sec	tion A. Governing Body and Management	_					
			1	- 01		Yes	No
1a	Enter the number of voting members of the governing body	18		18			
b	Enter the number of voting members that are independent .	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?		••		2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the	e dire	ct supervision				
	of officers, directors or 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 organizational documents since the prior Fo		0 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	•	1	5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember:	s of the				•
	governing body?		•		78		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	the year				
	by the following.						
a	The governing body?				8a	X	
ь	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 rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )				
				1		Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affikates,				
	and branches to ensure their operations are consistent with those of the organization?				10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	iling th	e form?		11	X	74. Em
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
1 <b>2</b> a	Does the organization have a written conflict of interest policy? If "No," go to line 13		•		12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uid giv	e nse				
	to conflicts?		••		12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe				
	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?		•		13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	900 A
15	Did the process for determining compensation of the following persons include a review and approve		rdependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
a	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization		•		150	X	125131
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment 1	with a				X
	taxable entity during the year?				16a		A
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi			1			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.	januzat	ion's				
	exempt status with respect to such arrangements?				16b	N/A	
Sec	tion C. Disclosure	13 0	137 ATT 127		37	TTI	173
17	List the states with which a copy of this Form 990 is required to be filed CA, GA, IL, NY, I					, 01	<u>, vn</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	(c)(3)s only) ava	iliable	TOT		
	public inspection Indicate how you make these available. Check all that apply.						
	X Own website X Another's website X Upon request				_ ad #: :		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest po	ucy, a	no tina	uticiB)	
	statements available to the public.				·		
20	State the name, physical address, and telephone number of the person who possesses the books a JUDY WONG $-$ (310) 392-3777	ind red	cords of the org	janiza	tion	_	
	3030 OLYMPIC BLVD., SANTA MONICA, CA 90404-0000					-	
	2020 CRIMETO BRADE , BUMITY MONITON OF 20404-0000				Form	gen.	(2009)
					rum	<b>334</b>	(2003)

932006 02-04-10

SEE SCHEDULE O FOR FULL LIST OF STATES

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Check this box if the organization did not compensate any current officer, director, or trustee.

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter 4- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per			Pos ( ali )			iy)	Reportable compensation from	Reportable compensation	Estimated amount of
	week	Industrial fruster or director	hsthoond bostos	Officer	Key employes	Hydrasi compensated employee	former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN PLATT	4 50				Г			_		_
DIRECTOR	1.50	X	_	_			<u> </u>	0.	0.	0.
SCOTT PASCUCCI SECRETARY/TREASURER	1.50	x	1	]		Ì		0.	o.	
STEVE CANEPA	1.30	₽	┢	┢	<del> </del>	┝	┝	<u> </u>	0.	0.
DIRECTOR	1.50	x						0.	0.	0.
JAMES "JIMMY JAM" HARRIS		۳	<u> </u>		Н		H	<del>                                     </del>	-	
DIRECTOR	1.50	X	ŀ		İ			l 0.	o.	0.
PLETCHER POSTER		T	T	_		Г	<del>                                     </del>			
DIRECTOR	1.50	X		1	l		l	l 0.	0.	0.
JERRY GREENBERG		Π	Г	Г			<b> </b>			
DIRECTOR	1.50	X						0.	0.	0.
NEIL PORTHOW										
PRESIDENT	1.50	X						0.	0.	0.
DOUG FRANK						Γ				
DIRECTOR	1.50	X	<u> </u>		_	<u> </u>		0.	0.	0.
MARTIN BANDIER	1			1	1	l	ļ			_
DIRBCTOR	1.50	X	_		L	L	_	0.	0.	0.
TERO CJANPERA		l		1					_	_
DIRECTOR	1.50	X	_	<b>.</b>	<u> </u>	1_	_	0.	0.	0.
TOM POLEMAN DIRECTOR	1.50	x	l		Ì					
GARY VELORIC	1.50	₽	⊢		<u> </u>	├-	-	0.	0.	0.
DIRECTOR	1.50	x					i	l o.	0.	0.
TIN LETWEKE	1	<del>  -</del>	┢	1	┝	┢	┝	- 0.	0.	- 0.
DIRECTOR	1.50	X			ĺ		ł	) o.	ο.	0.
PAUL CAINE		T	┢	⇈	-	Т	Н			
CHAIRMAN	1.50	X						l 0.	0.	0.
KEN LEVITAN				Г		Г				
VICE CHAIR	1.50	X	L	L	L	L	L	0.	0.	0.
JOHN BRANCA		Π								
CHAIR EMERITUS	1.50	X					L	0.	0.	0.
GEORGE FLANIGEN			1				Γ			
DIRECTOR 632007 02-04-10	1.50	X		<u> </u>	L_	L		0.	0.	0 •

832007 02-04-10

Part-VII Section A. Officers, Directors,	Trustees, Key E	mple	yee	s, a	nd i	High	est					
(A)	(B)					(E)	(F)					
Name and title	Average hours	(6			osition all that apply			Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual Dustee or denoter	Institutional Prestine	CODEC	Ley employee Highest semperated employee Forture		Ulber: Kay employee		former	from trom related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations
HARY PATTIE				Г								
DIRECTOR	1.50	X		_	<u> </u>	L		0.	0.	0.		
Kristen Madsen Svp. Poundations	20.00			x				136,228.	0.	0.		
DANA TOMARKEN VP, FOUNDATIONS	20.00			x				152,335.	0.	39,197.		
SCOTT GOLDHAN VP, FOUNDATIONS	20.00			x				102,266.	0.	0.		
DEBBIE CARROLL EVP, HEALTH & HUMAN SVCS	40.00					x		105,191.	0.	17,969.		
JUDY WONG DIRECTOR/CONTROLLER	20.00					x		122,700.	0.			
1b Total .								618,720.	0.	86,631.		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

- Yes X 4
- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on tine 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 for services rendered to

the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BOUNCE EVENT MARKETING, 800 WEST OLYMPIC BLVD., LOS ANGELES, CA 90015	EVENT PRODUCTION SERVICES	948,205.
COMMUNITY COUNSELLING SERVICE CO., LLC P.O. BOX 27462, NEW YORK, NY 10087-7462	FUNDRAISING SERVICES	210,000.
ARAMARK SPORT & ENTERTAINMENT, 1201 S. FIGUEROA ST. , LOS ANGELES, CA 90015	CATERING SERVICES	188,133.
CUMBERLAND HEIGHTS 8283 RIVER ROAD, NASHVILLE, TN 37209	SOBRIETY TREATMENT	174,818.
DEPT 5812, LOS ANGELES, CA 90074	HEALTH INSURANCE	141,869.
2 Total number of independent contractors (including but not limited to those is \$100,000 in compensation from the organization	sted above) who received more than	

Ferm 990 (2009)

932008 02-04-10

			90 (2009) MUSIC	CARES FO	UNDATION	, INC.		95-4470	909 Page 9
S MEANINGMEN			1 a Federated campagns		<b>X</b>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E	5	٠	h Membership dues	· 1a					
6	Ë		c Fundraising events	. 1b	,808,797				
gifts,			d Related organizations	1d	,000,737				
9	Ē		e Government grants (contribut	ions) te					
윷	6		f All other contributions, grits, gran	ts, and					
#	5		similar amounts not included abor		882,511				
Contributions	밁		Noncesh contributions included in lines	14-165 1,	818,566				
<u> </u>	╄	_	h Total. Add lines 1a-1f			8,691,308.			
9		2	FINANCIAL ASSIS	ቸልክርዊ <b>D</b>	Business Code 541200				
Program Service		_	h MAP FUND PROGRA	M DONAT	541100	851,645.	851,645.		
8			c		341100	13,290.	13,290.		
200		,	d						
چ		•	•						
_		1	f All other program service rever	UNB					
_	╁		g Total. Add lines 2a-2f		<u> </u>	864,935.			
		•	Investment income (including of other similar amounts)	iividends, intere	est, and	05 635			
	Ι,	4	Income from investment of tax	evenut hand n	emecodo.	96,637.			<u>96,637.</u>
	۱ ا	5	Royalties	- Contraction	orocoeds -				
				(i) Real	(ii) Personal				
	'	B	a Gross Rents						
	l	ż	b Less: rental expenses						
	l	•	c Rental income or (loss)						
	Ι,	7 5	d Net rental income or (loss) a Gross amount from sales of	0.000					
	'			(i) Securities 1320885.	(ii) Other	777			
	ì	ь	b Less cost or other basis						
				L321281.					
			c Gam or (loss) .	-396.					
			d Net gain or (loss)			-396.		****	-396.
97	8	8 8	a Gross income from fundraising	events (not					
NA S			including \$ 480879 contributions reported on line 1						
Other Reven			Part IV, line 18	- 1	1224189.				
		b	b Less: direct expenses		3337273.				
٦		C	c Net income or (loss) from fundra	asing events	<b>•</b>	-2113084.			2112004
	8	а	<ul> <li>a Gross income from gaming activities</li> </ul>	vibes. See					2113084.
		_	Part IV, line 19	. a					
			b Less direct expenses	. b[					
	10	a	<ul> <li>Net income or (loss) from gamin</li> <li>Gross sales of inventory, less re</li> </ul>	g activities					
		Ī	and allowances	aums .					
		b	Less. cost of goods sold	<u> </u>				( <b>.</b> -	
ļ			Net income or (loss) from sales	of inventory					
		_	Miscellaneous Revenue		Susmess Code				
	11	8							
		D							
-		ď	All other revenue						
-			Total. Add lines 11e-11d	٠ ـ ـ					
╛	12		Total revenue. See instructions.	• •		,539,400.	864,935.		
3200 2-04	10					, 557   400 0	004,733.	02	U16843.

Part 1% Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are		(C) Management and	(D) Fundraising
Do not	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 G	ants and other assistance to governments and ganzations in the U.S. See Part IV, line 21	53,707.	53,707.		
2 G	rants and other assistance to individuals in	2,439,974.	2,439,974.		
th	e U.S. See Part IV, time 22				
3 G	rants and other assistance to governments,				
	nganizations, and individuals cutside the U.S.	36,459.	36,459.		
	ee Part IV, lines 15 and 16 enefits paid to or for members				
4 8	compensation of current officers, directors,				202 755
	ustees, and key employees	476,881.	41,991.	131,135.	303,755
6 C	ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	987,717.	625,085.	72,187.	290,445
7 (	Other salanes and wages Tension plan contributions (include section 401(k)	30.7.1			
	nd section 403(b) employer contributions)	-28,803.	-829.	2,069.	-30,043
		160,396.	94,572.	27,837.	37,987
	Other employee benefits	108,282.		14,672.	41,783
	Payroll taxes Fees for services (non-employees):				
	-ees for services (non-empoyees). Vanagement .				
		48,665.		31,598.	17,067
	egal . Accounting	81,750.		81,750.	
	Loppying				
d l e 1	Professional fundraising services. See Part IV, line 17	210,000			210,000
	nvestment management fees	16,607		16,607.	440 105
	Other .	259,672		70,428.	112,483 650
_	Advertising and promotion	2,050			9,293
	Office expenses .	35,515			4,281
	Information technology .	28,373	12,730.	11,362.	4,203
	Royalties	656 656	122 400	114,597.	42,633
16	Occupancy .	290,630			14,373
	Travel .	85,683	52,994.	10,310,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<del> </del>	<del> </del>	
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates	19,975	<del> </del>	19,975.	
22	Depreciation, depletion, and amortization	34,146			4,47
23	Insurance	34,110			
	Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled			,	
	misceflamenus may not exceed 5% of total				
	expenses shown on line 25 below.) PRODUCTION COSTS	182,081	. 0	0.	182,08
8	PRINTING	43,657		2,637.	26,24
b	GRAMMY TICKETS	35,800			27,80
C	UTILITIES AND TELEPHONE	28,480	. 16,513	8,572.	3,39
đ	REPAIRS AND MAINTENANCE	26,089	9,585	6,264.	10,24
8		102,093	. 2,167	. 73,075.	26,85
OF	All other expenses Total functional expenses. Add lines 1 through 24f	5,765,879			1,335,80
<u>25</u> 26	Joint costs. Check here In 1 following	1		,	•
نص	SQP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	Ī	B	I	1

Department of the Treesury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

_		ne 2009 Calendar year, or tax year beginning AUG 1, 2009 and end	ding J	UL 31, 201	)				
В	Check	Please U Name of organization		D Employer identi					
_	Add	use RS label or			none and it it it is the				
느		P CONTACT MUSICARES FOUNDATION THE							
Ë	Nan chiz Inita			95_	1470909				
Number and street (of P.O. box if mad is not delivered to street address)   Roomfouth   E. Talabase									
	Tern	instruc-13030 OLYMPIC BLVD.	OULEAUTE	E Telephone numb	er \\ 200 2555				
		City or town, state or country, and ZIP + 4							
	Aop	SANTA MONICA. CA 90404		G Gross recounts \$	12,197,954.				
	pen	F Name and address of principal officer; NEIL PORTNOW		H(o) is this a group					
		12020 01:55	404	for affiliates?	Yes X No				
ī	Tax-e	compt status IX Forting 3	404	H(b) Are all affiliates in					
<u> </u>	Webs	there WWW . GRAMMY . COM/MUSICARES		If "No," attach	a list (see instructions)				
K	Form o	V consenter Y Comenter		H(c) Group exempts	on number ▶ N/A				
		Summary	L Year o	formation: 1989	M State of legal domicile; CA				
	T								
Activities & Governance		Briefly describe the organization's mission or most significant activities: MUSICAL OF CRITICAL ASSISTANCE FOR MISSISTANCE FOR AUGUST PROPERTY.	RES .	PROVIDES A	SAFETY NET				
<u> </u>	2	OF CRITICAL ASSISTANCE FOR MUSIC PEOPLE IN  Check this box	TIM	ES OF NEED.					
ğ	3	a management discontinuous its oberations of disposed	of more	than 25% of its net a	șsets.				
පි	4	Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>				
₹	] -	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	18				
훒	5	Total number of employees (Part V, line 2a)	••	. 5	23				
≨	16	Total number of volunteers (estimate if necessary)		6	0				
Ą	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
<u></u>	╀┺	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
9	8	Contributions and grants (Part VIII, line 1h)		9,740,231.	8,691,308.				
Revелив	9	Program service revenue (Part VIII, line 2g) RECEIVED		65,460.	864,935.				
Ž	10	investment tricoma (rant viti, column (A), linesis, 4_and /a)—		94,565.	96,241.				
_	11	Other revenue (Part VIII, column (A), lines 5, 64,194, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Partivity column (A), line 120	<u> </u>	-3,247,723.	-2,113,084.				
_	12	Total revenue - and tines 8 through 11 (must etiual Partiviti) column (A), line 12/2 [	·	6,652,533.	7,539,400.				
	13	Grants and similar amounts paid (Part IX, columb PA), lines 1-3)		2,345,722.	2,530,140.				
	14	Benefits paid to or for members (Part IX, column (A), (T)(3)) [N]	·		2,330,140.				
9	15	Salanes, other compensation, employee benefits (Parette commit (A), lines 5-10)		2,007,899.	1,704,473.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	2,00.,000.	210,000.				
<u> </u>	ь	Total fundraising expenses (Part IX, column (D), line 25) 1,335,802.			210,000.				
ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,806,718.	1,321,266.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	6,160,339.					
	19	Revenue less expenses. Subtract line 18 from line 12	-	492,194.	5,765,879.				
58		TOTAL MAN TO THE TOTAL	Per	oning of Current Year	1,773,521.				
ets or	20	Total assets (Part X. ime 16)	Deg	6,627,630.	End of Year				
¥ <u>8</u>	21	Total liabilities (Part X, Ime 26)	-	696,928.	8,129,610.				
18 E	22	Net assets or fund balances. Subtract line 21 from line 20	-	5,930,702.	326,676.				
_P		Signature Block		3,330,702.	7,802,934.				
=	, ,	Under penalties of person, I declare that I have examined this return, including ecoampanying acherides and start	arrente es	d to the heat of my beautiful					
2018		Under penalties of perjury, I dectare that I have examined this roturn, including accompanying schedules and state and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind	owledge	a man ness or 10% tradelled	he suo poesi' a si sine' couloci'				
<b>esig</b>	n	Tal 1		1 10/10	<i>l</i> .,				
Her	··	Signature of officer		1940	<u>[1]</u>				
	•	NEIL PORTNOW PRESIDENT/CEO	•	Date 1 p					
펄		Type or print name and this /							
7		Preparer's Date	I Chao	e id					
Paid	•	1 . <b> </b>	Chec self-	(see no	r's identifying number implicas)				
SCANIE PORTE	Parer's	Ferm's name (or KPT OTOWN MAY TTD	empl						
₹lise	Only	yours		EIN >					
ပ္သ		350 SOUTH GRAND AVENUE, SUITE 200 LOS ANGELES, CALIFORNIA 90071-3462							
WJ	e than II	3, 311111111111111111111111111111111111	<u> </u>	Phone no. ► (	213)688-0800				
	01 02-0	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
9320	~: U2~[	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	ite instr	ections.	Form <b>990</b> (2009) 3				

	990 (2009) MUSICARES FOUNDATION, INC.	95-4470909 Pa	age 2
Dad	AULI Statement of Program Service Accomplishments		
	SEE SCHEDULE O FOR CONTINUATION		
	MICTCARES PROVINES A SAFETY NET OF CRITICAL ASSISTANCE	FOR MUSIC	
	DEODLE IN TIMES OF NEED. MUSICARES' SERVICES AND RESOU	RCES COVER A	
	WIDE RANGE OF FINANCIAL, MEDICAL AND PERSONAL EMERGENC	IES, AND EACH	
	CASE IS TREATED WITH INTEGRITY AND CONFIDENTIALITY. MU	SICARES ALSO	
_	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		_
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes X	No
	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	or grand and	
	SEE SCHEDULE O FOR CONTINUATION	(S)	
	2 596 360		5.)
4a	(Code ) (Expenses \$ 2,390,300. including grants of \$ 1,703,332.) THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE OF UP TO	11101011004	,
	CALENDAR YEAR WITH A LIFETIME MAXIMUM OF \$10,000 TO RE	CORDING INDUSTR	Y
	PERSONNEL, INCLUDING CREATIVE AND TECHNICAL PERSONNEL	(T.E. MUSTCIANS	3.
	COMPOSERS, ENGINEERS, PRODUCERS, ETC.), MUSIC BUSINESS	STAFF (I.E.	-
	RECORD LABEL STAFF, MANAGEMENT COMPANIES, ENTERTAINMEN		
	MUSIC RETAILERS), AND OTHER MEMBERS OF THE MUSIC COMMU	NITY WHO HAVE	
	BEEN EMPLOYED IN THE INDUSTRY FOR AT LEAST FIVE YEARS.	THESE GRANTS A	RE
	MADE AVAILABLE TO MUSIC PEOPLE FACING AN UNFORSEEN MED	TCAL PERSONAL	
	OR FINANCIAL CRISIS. THIS CAN INCLUDE PAYMENTS FOR HEA	T.TH CARE	_
	OR FINANCIAL CRISIS. THIS CAN INCLUDE PAINTING FOR HER	C UPALTH	
	PROFESSIONALS AND PRESCRIPTIONS, RENT/MORTGAGE PAYMENT	TIDDODE CERVICES	3
	INSURANCE PREMIUMS, AND COSTS FOR OTHER BASIC LIVING S	OFFORT SERVICES	TON.
	THROUGH IT'S COMMUNITY OUTREACH AND EDUCATIONS PROGRAM		2014
4b	(Code. ) (Expenses \$ 1,077,032. including grants of \$ 713,482.	A CONTRACTOR OF	,
		THE FOUNDATION	CTC
	PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS	WITHIN THE MUS	310
	COMMUNITY FACING ADDICTION. THE PROGRAM MAY PROVIDE PA	TIMENT FOR	_
	INPATIENT TREATMENT, SOBER LIVING AND/OR OTHER EXPENSE	OF PECOMERY	
	RECOVERY. THE PROGRAM ALSO PROVIDES A SUPPORT NETWORK	THE COUNTRY. IN	T
	RESOURCES FOR MUSIC PEOPLE WHO ARE TOURING THROUGHOUT	THE COUNTRI. II	.N
	ADDITION THE FOUNDATION ALSO PROVIDES WORKSHOPS AND CO	OCKDINATES	A T
	MEETINGS OF INDUSTRY PROFESSIONALS TO DISCUSS THE PROF		ATP.
	DEPENDENCY AND DISCUSS SPECIFIC STRATEGIES FOR INTERVE	SNTION FOR	
	INDIVIDUALS WITHIN THE MUSIC COMMUNITY.	-ii	_
	05.000		
4c	(Code. ) (Expenses \$ 25,000. including grants of \$ 25,000.	(Revenue \$	
	THE FOUNDATION IS WORKING TO PROVIDE MEMBERS OF THE MI	DETC COMMUNITY	
	WITH AFFORDABLE HOUSING OPTIONS THROUGH THE DEVELOPMEN		
	HOUSING FACILITY AND/OR OTHER SERVICES AND PROGRAMS,		
	FINANCIAL ASSISTANCE FOR RENT, MORTGAGE, AND OTHER HOU	JSING KELATED	TNO
	EXPENSES. A FEASIBILITY STUDY IS UNDERWAY WITH THE ACT		ING
	DEVELOPMENT CORP. FOR LOW COST HOUSING IN THE LOS ANGI	ELES AREA.	
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ \$ 3,698,392.		
		Form 990	(2009)
93200 02-04	2-10		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	1_	
2	is the organization required to complete Schedule B, Schedule of Contributors?	11	Į¥.	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	-
	Passic Critice in 163, Contiplete Scriedule C, Petit (		İ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3	┼	R
5	section so I(C)(4), so I(C)(5), and so I(C)(6) organizations. Is the organization subject to the section 6033(e) notice and	<del>"</del>	┼─	+=
_	reporting requirement and proxy tax? if "yes," complete Schedule C, Part III	5	N/A	ł
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		<del>-</del>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes " complete Schedule D. Post I	6	ĺ .	X
7	Did the organization receive or noto a conservation easement, including easements to present open energy			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	· · · · · · · · · · · · · · · · · · ·	8		X
•	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V			
11	•	10	X	
•	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	X	Bresene.
	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	<b>         </b>		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII			
•	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			
•	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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.			
124	Notes the second	12	X	
	N Voo I complete Cabadula D. Davis M. M. and M. and M. M. and M. M. and M. M. and M. And M. and M. M. and M. M. and M. M. and M. And M. and M. M. and M. M. and M. And M. and M. And M. and M. And			
13	If Yes, * Completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E		====	7
148	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<u> </u>
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	Ì		-
	located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines 1c and 8a? If "Yes," complete Schedule G, Part II	]		
19		18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III			7.7
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		<u>X</u>
	The state of the s	20 Form	990 (2	X
		r willi i	70V (2	UUU!

.! 	990 (2009) MUSICARES FOUNDATION, INC. 95-447	0909	Р	age 4
Pai	t IV: Checklist of Required Schedules (continued)			
ابجداع	1 dispussed the dispussed in the second seco	T :	Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
21	United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
	Online States of Part IX, County VV, and 100 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	Did the organization answer "res" to Part vii, Section A, and S, 4, at 5 about compensated employees? If "Yes " complete	Į.		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	X	1
	Schedule J \$100,000 as of the	1	<del>                                     </del>	<del>                                     </del>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	1	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	242	]	x
	Schedule K. If 'No', go to line 25		N/3	
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	IN / F	╄
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		N/A	J
	any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	N/3	╄—
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	۱
	disqualified person during the year? If "Yes," complete Schedule L. Part !	25a	↓	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ł	1	
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L. Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1	ł	1
	person cutstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1		1
	Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties, (see Schedule L. Part IV	2		
28	instructions for applicable filling thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2Ba		X
8	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280	+	TX
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	+
C		2Bc		x
	an officer, director, trustes, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X	┿
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	20	+	+-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
	contributions? If "Yes," complete Schedule M	30	╁	┿
31	Did the organization liquidate, terminate, or dissolve and case operations?			x
	If "Yes," complete Schedule N, Part I	31	╂	┿
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	l	1	
	Schedule N, Part II	32	┼	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	٠.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	╄	X
34	• • • • • • • • • • • • • • • • • • • •			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes, " complete Schedule R, Part V, line 2	35		X
38				
	If "Yes," complete Schedule R, Part V, line 2	36		X

Form **990** (2009)

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

			_	<del></del> ,	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Yes	No
	U.S. Information Returns. Enter 0- if not applicable	層			
þ		層			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	屋			
	(gambing) winnings to prize winners?	1	_	X	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	震。			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2		Ÿ	
	Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions)				22
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3:	7		X
b	it "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3	_	N/A	
<del>4a</del>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a	۳	4	<del>~~</del>	_
	mandial account in a foreign country (such as a bank account, securities account, or other financial account?	44	. i		x
Ь	if "Yes," enter the name of the foreign country, ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		7		
	Financial Accounts.			蠿	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	6:	7		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction?	15	-+		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<b> </b>	+	-	
	18x Shelter Transaction?	۱.,	, þ	A\N	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	٣	+	╧╅	
	any communions that were not tax deductible?	62	.	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ħ	_	
	were not tax deductible?	62	,  1	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		ø.		
8	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?	78		X	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	T	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1		
	to file Form 8282?	7c	1		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d   N/A		3		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
	benefit contract?	76			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	77			<u> </u>
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79			X
п 8	For contributions of cars, boats, similanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>		X	
9	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	臣	1		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time dump the year?			翠	
9	at any time during the year?  Sponsoring organizations maintaining donor advised funds,	8	ľ	<u> </u>	
	Did the organization make any texable distributions under section 4966?				
	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9a</u>	1	<u>//A</u>	
10	Section 601(c)(7) organizations, Enter.	9b	1	<u>/4</u>	
				ച	讄
	Conse seconds underland on Form Con Co. As well a			齫	
11	Section 501(c)(12) organizations. Enter:				欝
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against		¥.		
-					
128	amounts due or received from them.)  Section 4947(e)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			뾋	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	12:	1	I/A	
	TEL IT	For	2 O	90 (2	₩ <u>₩</u>
			0	16	JUDI

Form 990 (2009) Part VII 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 in Schedule O. See instructions

ect	ion A. Governing Body and Management				1	
		[ 1		18	Yes	No
	Enter the number of voting members of the governing body	18		18		
b	Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with (	any other	2		X
	officer, director, trustee, or key employee?		••	-	<del>  </del>	-
3	Did the organization delegate control over management duties customanly performed by or under the	e direc	t supervision	3	1	x
	of officers, directors or trustees, or key employees to a management company or other person?	005	 Obsalb co	4	1	X
4	Did the organization make any significant changes to its organizational documents since the pnor Fo	มกา ชยเ	Was Tred?	5	<del> </del>	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts'7	•	6	1-	X
6	Does the organization have members or stockholders?		of the		<del>                                     </del>	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	anuers	OI UIB	7a		x
	governing body?		•	76	${f  au}$	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	isurs r	the wear			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	Guni	ule year			
	by the following.			8a	X	
8	The governing body?			8b	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	aabad i	at the	<u> </u>	+=	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	BLI ICU (	34 U R3	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	ใดขอกแ	Code )			
<u> </u>	HON B. POlicies (The Section & requests undifficulty about posters introduced by six manual				Yes	No
40-	Does the organization have local chapters, branches, or affiliates?			10:	X	
lua	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affikates,		T	
b	and branches to ensure their operations are consistent with those of the organization?	•		100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	filing th	e form?	11		
11A	The state of the suppose of any used by the emanyration to review this Form 000					
129	Does the organization have a written conflict of interest policy? If "No," go to line 13			. 122	X	<u></u>
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e nse		<b> </b>	
	to conflicts?		• •	121	X	<del> </del> —
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	l	۱	1
	in Schedule O how this is done	•		120	-	<b>├</b>
13			•	13		<b>├</b>
14	Does 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 approve	<b>/</b> et by (r -	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7		45.	X	
a	The organization's CEO, Executive Director, or top management official	•		150	-	┼──
b	Other officers or key employees of the organization			.   15		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 1	MILLI ST	16		X
	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi	oh ista	te nartweet			
b	in "Yes," has the organization adopted a written policy of proceeds bequiring the digarization to ever in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization			"		
	exempt status with respect to such arrangements?	Aarıcar	IOIIS	16	N/	4
800	exempt status warrespect to sour analyzarizing:					-
	List the states with which a copy of this Form 990 is required to be filed CA, GA, IL, NY, I	PA, I	N, NJ, F	L,SC,A	Z,U	',VA
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) a	vailable for		
10	public inspection indicate how you make these available. Check all that apply.					
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest p	olicy, and fo	nancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	cords of the o	rganization	▶	
	JUDY WONG - (310) 392-3777					
	3030 OLYMPIC BLVD., SANTA MONICA, CA 90404-0000					
				For	m 990	(2009)

932006 02-04-10

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter O in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order; individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees;

and former such persons. Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours	(C) Position (check all that a						(D) Reportable	(E) Reportable	(F) Estimated
	per week	Endurational trusters or droncibr	estantional breatme	Officer		Highest compensated englished	Ï	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN PLATT						Γ				
DIRECTOR	1.50	X						0.	0.	0.
SCOTT PASCUCCI										
SECRETARY/TREASURER	1.50	X			L			0.	0.	0.
STEVE CAMEPA DIRECTOR										
JAMES "JIMMY JAM" HARRIS	1.50	X	Щ				L	0.	0.	0.
DIRECTOR	1	_					l			
PLETCHER POSTER	1.50	X					L	0.	0.	0.
DIRECTOR	1 1 50									
JERRY GREENBERG	1.50	X	Н			Ļ	_	0.	0.	0.
DIRECTOR	1.50	x		ı						_
NEIL PORTHOW	1.30	•	Н	$\dashv$		Н	<u> </u>	0.	0.	0.
PRESIDENT	1.50	X		ı	ı		١.,		_	
DOGG PRANK	1.50	A		$\dashv$		Н	_	0.	0.	<u> </u>
DIRECTOR	1.50	x		- (		1		0.	0.	•
MARTIN BANDIER		-	$\dashv$	-	_	Н	Н			0.
DIRECTOR	1.50	X				ı		0.	0.	^
TERO CJANPERA	1	-	$\dashv$	┪	_	-				0.
DIRECTOR	1.50	x	l	I	ı			0.	0.	0.
TOM POLISHAN			$\dashv$	-			_	- 0.		
DIRECTOR	1.50	X						0.1	0.	0.
GARY VELORIC			ヿ	┪	┪					
DIRECTOR	1.50	x		-		l		0.	0.	0.
TIM LEIWERE			$\neg$	┪	$\overline{}$		_			
DIRECTOR	1.50	X	- [	- 1				0.	0.	0.
PAUL CAINE					ヿ	$\neg$				
CHAIRMAN	1.50	X		]				0.	0.	0.
KEN LEVITAN			$\neg$	$\neg$	$\Box$	$\Box$		-		
VICE CHAIR	1.50	X						0.	0.	0.
JOHN BRANCA				T		7				
CHAIR EMERITUS	1.50	X						0.	0.	0.
GEORGS FLANIGEN		_ [								
DIRBCTCR 632007 02-04-10	1.50	X	$\perp$					0.	0.	0.

Part-VII Section A. Officers, Directors, Tru		nplo	yee			igh	est	Compensated Employ	ees (continued)	(F)
(A) Name and trile	(B) Average hours per week	bandwit trustes or destror		Post all t	tion hat		Parmer (4)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
HARY PATTIZ	1.50	x						0.	0.	0.
KRISTEN MADSEN SVP, FOUNDATIONS	20.00			x				136,228.	0.	0
DANA TOMARKEN VP, FOUNDATIONS	20.00			x				152,335.	0.	39,197
SCOTT GOLDMAN VP, FOUNDATIONS	20.00			x			_	102,266.	0.	0
DEBBIE CARROLL EVP, HEALTH & HUMAN SVCS	40.00					x		105,191.	0.	17,969
JUDY WONG DIRECTOR/CONTROLLER	20.00					X	  -	122,700.	0.	29,465
dh Tabil								618,720.	0.	86,631
Total     Total number of individuals (including but compensation from the organization	not limited to t	hos	e list	ed a	bov	e) w	ho i			Yes No
<ul> <li>Did the organization list any former officer line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the sand related organizations greater than \$15</li> </ul>	such individua rum of reportal	d ble d	:omp	pens	atio	n an	d c	ther compensation from		3 X 4 X

the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the greanization.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to

(A) Name and business address	(B) Description of services	(C) Compensation
BOUNCE EVENT MARKETING, 800 WEST OLYMPIC BLVD., LOS ANGELES, CA 90015	EVENT PRODUCTION SERVICES	948,205.
COMMUNITY COUNSELLING SERVICE CO., LLC P.O. BOX 27462, NEW YORK, NY 10087-7462	FUNDRAISING SERVICES	210,000.
ARAMARK SPORT & ENTERTAINMENT, 1201 S. FIGUEROA ST., LOS ANGELES, CA 90015	CATERING SERVICES	188,133.
CUMBERLAND HEIGHTS 8283 RIVER ROAD, NASHVILLE, TN 37209	SOBRIETY TREATMENT	174,818.
BLUE CROSS OF CALIFORNIA DEPT 5812, LOS ANGELES, CA 90074	HEALTH INSURANCE	141,869.
2 Total number of independent contractors (including but not limited to those to \$100,000 in compensation from the granusation.	sted above) who received more than	, , , , , ,

			Statement of Reve	CARES FU	NOTTANU	, INC.		<u>95-4470</u>	909 Page 9
				ilue	X.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants			Federated campaigns	. 18					
6			Membership dues	. 1b					
orgina.		C	Fundraising events	1c 4	,808,797.				
動		đ	Related organizations	1d			, , , , , , , , ,		
Ş.E		8	Government grants (contribu						
岩を		f	All other contributions, gifts, grain		<u> </u>				
Đặ			similar amounts not included abo		,882,511.				
Contributions, and other simi	l	9	Noncesh contributions included in line	12-1f \$ 1	,818,566.				
<u>Q 8</u>	L	h	Total. Add lines 1a-1f			8,691,308.			
	l				Business Code				
8	4	2 8	FINANCIAL ASSIS		541200	851,645.	851,645.		
₹ 2		Ь	MAP FUND PROGRA	AM DONAT	541100	13,290.	13,290.		
Program Service Revenue		C							
55		d							
5		•							
•		f	All other program service reve	enue					
	<u>L</u>	g	Total. Add lines 2a-2f		. •	864,935.			
	1	3	Investment income (including	dividends, inter	est, and				
			other similar amounts)		<b>&gt;</b>	96,637.			96,637.
	4	1	Income from investment of ta	x-exempt bond	proceeds				• • • • • • • • • • • • • • • • • • • •
	]	5	Royalties						
	1			(i) Real	(ii) Personal				<b>*</b>
	•	a	Gross Rents						
		Ь	Less: rental expenses						
	1	C	Rental income or (loss)	L					
			Net rental income or (loss)		. ▶				
	7	<b>7</b> 8	Gross amount from sales of	(i) Securities	(ii) Other				
		_	assets other than inventory	1320885.					
		b	Less cost or other basis			7 THE			
			and sales expenses	1321281.	·				
			Gain or (loss)	-396.	L				
			Net gain or (loss)			-396.			-396.
enu.	•	. H	Gross income from fundraisin including \$ 48087	g events (not 197 • of					
8			contributions reported on line Part IV, line 18		1224189.				
Other Rev		h	Less: direct expenses	. 8	3337273.				
δ			Net income or (loss) from fund		D337273.	-2113084.			
	A		Gross income from gaming at			2113004.			-2113084.
	_	_	Part IV, line 19	, ov. 1003. Cat					
		ь	Less direct expenses	. u					
			Net income or (loss) from garr						
	10		Gross sales of inventory, less						
			and allowances	a					
		b	Less, cost of goods sold	b					
		C	Net income or (loss) from sale	s of inventory	<b></b>				
I			Miscellaneous Revenu	0	<b>Business Code</b>				
	11	8							
l		b						<del></del>	
ı		C							
ŀ		đ	All other revenue						
1		•	Total. Add lines 11a-11d		<b></b>				
1227F	12	_	Total revenue. See instructions.			7,539,400.	864,935.	0.	2016843.
02-04 02-04	-10							<del></del>	Form <b>990</b> (2009)

Park IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include arrounts reported on lines 6b, 7b, 8b, 9b, and 10b of Pert VIII. no 21   53,707.   53,707		Section 501(6)(3) and 501(6)(4) organizations must complete an columna.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Supering and other assistance to individuals in the U.S. See Part IV, line 22   2,439,974.   2,439,974.   36,459.	Do г 7b, 8	ot include amounts reported on lines 65,	(A)	(B) Program service	(C)	(D) Fundraissno					
2 Grants and other assestance to povernments, organizations, and individuals until U.S. See Part IV, line 25 and 16 4 Banefits paut to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualited persons (as difficed under section 4558(c)(3)(8) 7 Other explains and wages 8 Petison plan contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 401(k) and section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employee contributions (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k) employees (include section 403(k)	1		53,707.	53,707.							
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paut to or for members Compensation of current fiderar, directors, trustees, and key employees Compensation of middle above, to disqualified persons (as defined under section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described pursons (as defined under section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described on section 4958((1)(1)) and pursons described described on section 4958((1)(1)) and pursons described described on section 4958((1)(1)) and pursons described described on section 4958((1)(1)(1) and pursons described described described on section 4958((1)(1)(1) and pursons described	2	Grants and other assistance to individuals in	2,439,974.	2,439,974.							
36,459.   36,4	3										
### Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation and maked above, to disqualified persons (as defined under section 4958()(1)) and persons (as defined under section 4958()(1)) and persons (escribed in section 4958()(1)) and persons (escribed in section 4958()(1)) and sec		organizations, and individuals outside the U.S.	26 450	26 450							
5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not include above, to disqualified persons (as defined under section 4958(C)(3)(B) 7 Other estituents and warges 8 Penson plan contributions (include section 401(k) and section 405(k) employee contributions) 9 Other employee benefits 10 Payroli taxes 11 Fees for services (non-employees): a Managament b Legal c Accounting d Licbbyrng e Professional fundrasting services. See Part IV, line 17 1 Investment managament fees 9 Other 9 Other expenses 10 Office expenses 10 Office expenses 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Royalbas 10 Payroli taxes 11 Payroli taxes 11 Payroli taxes 11 Payroli taxes 12 Payroli taxes 12 Payroli taxes 13 Payroli taxes 14 Payroli taxes 14 Payroli taxes 15 Payroli taxes 16 Payroli taxes 17 Payroli taxes 17 Payroli taxes 19 Payroli taxes 19 Payroli taxes 19 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 10 Payroli taxes 11 Payroli taxes 11 Payroli taxes 11 Payroli taxes 11 Payroli taxes 11 Payroli tax			36,459.	36,459.							
Trustees, and key employees 6 Compensation not indicated above, it disqualified persons (searched in section 4958()(1)) and persons described in section 4958()(1)) and persons described in section 4958()(1)) and persons described in section 4958()(1)) and section 4958()(1)) and section 4958()(1)) and section 4958() employee contributions) 9 Cither employee benefits 10 Payrolf taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part N, line 17 f Investment management fees 10 Cither (1) Advertising and promotion 11 Cither (1) Advertising and promotion 12 Advertising and promotion 13 Ciffice expensess 14 Royalibes 15 Royalibes 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials consecutions and maetings in therest above, (Expenses grouped together and labeled massedianous may not exceed 5% of total public officials because shown on the 25 below.) a PRODUCTION COSTS b PRINTING c GRAMMY TICKETS 10 Africa expenses and 101(t) and section 401(t)											
6 Cempensation not included above, to disqualified persons (as defined under section 4958(((1))) and persons described in section 4958(((3))8)  7 Other sedanes and wages  8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxies  11 Fees for services (non-employees):  1 Management  1 Legis  1 Legis  1 Accounting  1 Lobbyrig  1 Professional fundiasing services. See Part IV, line 17 Investment management fees  9 Other  2 210,000  1 Trivestment management fees  9 Other  2 259,672  2 76,761  2 35,515  1 7,557  8 ,565  9 ,2933  1 Royalbas  1 Payments of travel or entertainment expenses for any federal, state, or local public officials concerned above, (Expenses grouped logether and labeled miscellaneous may not exceed 5% of total supersess shown on line 25 below),  1 PRINTING  2 RADOUTTION COSTS  1 PRINTING  2 RADOUTTION COSTS  1 PRINTING  2 RADOUTTION TICKETS  3 PRINTITIES AND TELEPHONE  2 Payments to 6, 507  2 Paymonts 10 affiliates  2 Payments 2 Payments TICKETS  3 Payments 2 Payments TICKETS  3 PAYSON TELEPHONE  2 Payments 2 Payments TICKETS  3 PAYSON TELEPHONE  2 Paymonts 2 Payments TICKETS  3 PAYSON TELEPHONE  2 Payments 2 Payments TICKETS  3 PAYSON TELEPHONE  2 Payments 2 Payments 2 Payments TICKETS  3 PAYSON TELEPHONE  2 Payments 2 Payments 3 Payments 3 Payments 3 Payments 4 Payments 4 Payments 4 Payments 5 Paym	5	·	476 001	A1 001	131 135	303.755.					
persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(3)(8)  7 Other caleanes and wages  8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  48,665.  108,282.  108,282.  117,067.  1 Investment management fees  9 Other  1 Investment management fees  9 Other  1 Office expenses  10 Office expenses  10 Office expenses  10 Office expenses  10 Office expenses  10 Office expenses  10 Occupancy  10 Occupancy  11 Travel  12 Payments of travel or entertariment expenses for any federal, state, or local pubble officials  10 Conferences, convertions, and meetings interest  11 Payments of affiliates  11 Payments of affiliates  12 Payments of travel or entertariment expenses for any federal, state, or local pubble officials  12 Payments of travel or entertariment expenses for any federal, state, or local pubble officials  12 Payments of travel or entertariment expenses for any federal, state, or local pubble officials  13 Office expenses illumize expenses not covered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total supenses shown on lan 25 below.)  2 PRODUCTION COSTS  2 PRINTING  2 RAMPY TICKETS  3 5,800.  3 5,800.  3 6,000.  3 7,987.  2 90,445.  2 90,63.  3 1,598.  3 1,798.  3 1,798.  3 1,7067.  3 1,7067.  3 1,7067.  3 1,067.  3 1,7067.  3			4/0,001.	41,331.	131,133.	30377031					
persons described in section 4958(c)(3)(B) 7 Other salanes and wages Pensons plan contributions (include section 401(x) and section 403(b) employer contributions) 9 Other employee benefits 1 160,396 94,572 27,837 37,987. 1 17 Fees for services (non-employees): 1 2	8										
987,717. 625,085. 72,187. 290,445.  Penson plan contributions (natulas section 401(t) and section 403(t) employer contributions)  10 Cither employee benefits 10 Payroll taxes 10 Payroll taxes 10 Legal 10 Lobbying 10 Professional fundrasing services. See Part IV, line 17 11 Investment management fees 10 Cither expenses 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Conferences, conventions, and meetings interest 10 Payroll taxes 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 10 Royalbas 11 Royalbas 12 Royalbas 13 Royalbas 14 Information technology 15 Royalbas 16 Conferences, conventions, and meetings interest 17 Iravel 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 19 Payments of travel or entertainment expe		· ·									
Penson pian contributions (include section 401(k) and section 403(k) employer contributions)  Other employee benefits  Payroli taxes  108,282. 51,827. 14,672. 41,783.  1199 Payroli taxes  1108,282. 51,827. 14,672. 41,783.  1199 Payroli taxes  1108,282. 51,827. 14,672. 41,783.  1108,282. 16,672. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282. 76,761. 70,428. 12,483.  1108,282.	_	•	987.717.	625.085.	72.187.	290,445.					
and section 403(b) employer contributions)  9	-		2011121								
160 , 396 . 94 , 572 . 27 , 837 . 37 , 987 . 108 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 282 . 51 , 827 . 14 , 672 . 41 , 783 . 118 , 1750 . 81 , 750 . 81 , 750 . 81 , 750 . 81 , 750 . 81 , 750 . 81 , 750 . 16 , 607 . 16 , 607 . 16 , 607 . 16 , 607 . 16 , 607 . 16 , 607 . 17 , 607 . 18 , 607 . 12	8		-28 <i>.</i> 803.	-829.	2,069.	-30,043.					
10 Payroll taxes  11 Peas for services (non-employees):  a Management b Legal c Accounting d Lobbyring e Professional fundrasing services. See Part IV, line 17 I Investment management fees g Other 21 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalbies 16 Occupancy 17 Travel 18 Payments to fitravel or entertainment expenses for any federal, state, or local public officials 19 Conferences, convertions, and mactures 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses grouped logeths and labeled insignations by not exceed 5% of total expenses shown on line 25 below). PRINTING 43 CRAMY TICKETS 43 CRAMY TICKETS 43 S, 500. 51 1, 827. 51, 672. 51, 672. 51, 607. 52, 676. 52, 672. 56, 76. 57, 76, 761. 5	6				27,837.	37,987.					
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring a Professional fundrating services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 2 Office expenses 3 Travel 18 Royaltes 19 Cocupancy 10 Cocupancy 10 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 11 Interest 12 Depreciation, depletion, and amortization 13 Insurance 24 Other copenses, librate expenses indicovered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).  a PRODUCTION COSTS b FINITING 43,657. 44,655. 31,598. 17,067. 210,000. 210	_	• •				41,783.					
## Accounting ##		· · ·									
Accounting   As , 665   Bl , 750   Bl , 750	''										
C   Accounting   S1,750.   S1,750.	h	<u> </u>	48,665.			17,067.					
d Lobbyrng e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 259,672. 76,761. 70,428. 112,483.  240vertising and promotion Coffice expenses Information technology Royalties Coccupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization insurance Unter expenses, themize expenses not covered above. (Expenses grouped logidher and labeled miscellaneous may not exceed 5% of total expenses shown on him 25 below).  PRINTING GRAMMY TICKETS UTILITIES AND TELEPHONE  210,000. 16,607. 16,607. 16,607. 16,607. 17,628. 112,483. 12,730. 11,362. 11,362. 4,281. 114,597. 42,633. 114,597. 42,633. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,773. 114,597. 42,633. 114,145. 114,373. 114,597. 42,633. 114,145. 114,373. 114,373. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 114,597. 42,633. 114,145. 11	-	•	81,750.		81,750.						
Professional fundraising services. See Part IV, line 17   Investment management fees   210,000.   16,607.   16,607.   16,607.   16,607.   16,607.   16,607.   16,607.   16,607.   16,607.   259,672.   76,761.   70,428.   112,483.   12,483.   12,050.   1,400.   650.   35,515.   17,657.   8,565.   9,293.   14,000.   14,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   11,362.   4,281.   12,000.   1	_	•									
Threshits an adjustment   259,672.   76,761.   70,428.   112,483.			210,000.			210,000.					
259,672. 76,761. 70,428. 112,483.  2,050. 1,400. 650.  35,515. 17,657. 8,565. 9,293.  14 Information technology  Royalties  Cocupancy  7 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization insurance  23 Office expenses flemize expenses not covered above. (Expenses grouped tigether and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  28 PRINTING  290,630. 133,400. 114,597. 42,633.  290,630. 133,400. 114,597. 42,633.  290,630. 133,400. 114,597. 42,633.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  20 Other expenses, flemize expenses not covered above. (Expenses grouped tigether and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  290,630. 133,400. 114,597. 42,633.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,460. 17,628. 12,039. 4,479.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 42,633.  290,630. 134,400. 114,597. 142,633.  290,630. 134,400. 114,597. 142,633.  290,630. 134,400. 114,597. 142,633.  290,630. 134,400. 114,597. 142,633.  290,630. 134,400. 114,59	1	Investment management fees									
Coffice expenses   35,515   17,657   8,565   9,293	g	Other .	259,672.			112,483.					
Information technology   28,373.   12,730.   11,362.   4,281.	12	Advertising and promotion									
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization insurance 23 Insurance 24 Other expenses, iterruze expenses not covered abova. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 28 PRINTING 290,630. 133,400. 114,597. 42,633.  85,683. 52,994. 18,316. 14,373.  19,975. 19,975. 19,975.  34,146. 17,628. 12,039. 4,479.  24 July 10,000 1	13	Office expenses									
290,630. 133,400. 114,597. 42,633.  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization insurance  23 Insurance  24 Other expenses fremize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 25% of total expenses shown on line 25 below.)  2a PRODUCTION COSTS  b PRINTING  c GRAMMY TICKETS  d UTILITIES AND TELEPHONE  290,630. 133,400. 114,597. 42,633.  152,994. 18,316. 114,373.  19,975. 19,975.  19,975. 19,975.  19,975. 19,975.  19,975. 19,975.  19,975. 19,975.  19,975. 19,975.  19,975. 10,4771. 2,637. 26,249.  24,479. 25,249. 26,249.  25,249. 26,249. 26,249.  26,249. 26,	14	Information technology	28,373.	12,730.	11,362.	4,251.					
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 28 PRODUCTION COSTS 29 PRINTING 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 29 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Interest 24 Other expenses, terruze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 25 Interest	15	Royalties	550 630	433 488	444 869	42 622					
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  PRODUCTION COSTS  PRINTING  GRAMMY TICKETS  UTILITIES AND TELEPHONE  19,975.  19,975.  19,975.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  17,628.  182,039.  182,031.  182,081.	16	Occupancy .									
for any federal, state, or local public officials  19 Conferences, conventions, and meetings Interest  20 Interest  21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a PRODUCTION COSTS  b PRINTING  c GRAMMY TICKETS  d UTILITIES AND TELEPHONE  19,975.  19,975.  19,975.  19,975.  117,628.  12,039.  4,479.  182,081.  0.  0.  182,081.  43,657.  14,771.  2,637.  26,249.  35,800.  0.  8,000.  27,800.  43,657.  35,800.  16,513.  8,572.  3,395.	17	· · · · · · · · · · · · · · · · · · ·	85,683.	52,994.	19,310.	14,3/3.					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a PRODUCTION COSTS b PRINTING c GRAMMY TICKETS d UTILITIES AND TELEPHONE 28,480. 16,513. 8,572. 3,395.	18										
Interest   Payments to affiliates				<u> </u>	<u> </u>	·					
Payments to affiliates   19,975.   19,975.     19,975.											
19,975   19,975   19,975   23   Insurance   34,146   17,628   12,039   4,479   24   Other expanses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)    A PRODUCTION COSTS   182,081   0   0   182,081   0   0   0   0   0   0   0   0   0											
34,146		=	19.975.		19.975	<del></del>					
Other expanses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a PRODUCTION COSTS b PRINTING c GRAMMY TICKETS d UTILITIES AND TELEPHONE 28,480. 16,513. 8,572. 3,395.				17.628.		4.479.					
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a PRODUCTION COSTS b PRINTING c GRAMMY TICKETS d UTILITIES AND TELEPHONE 28,480. 16,513. 8,572. 3,395.		••									
## Expenses shown on line 25 below.)  ## PRODUCTION COSTS  ## PRINTING  ## GRAMMY TICKETS  ## UTILITIES AND TELEPHONE  ## UTILITIES AND TELEPHONE  ## PRODUCTION COSTS  ## 182,081.  ## 14,771.  ## 2,637.  ## 26,249.  ## 35,800.  ## 35,800.  ## 28,480.  ## 16,513.  ## 3,657.	24	ahove. (Expenses grouped together and labeled			71						
a PRODUCTION COSTS b PRINTING c GRAMMY TICKETS d UTILITIES AND TELEPHONE 35,800. 28,480. 35,800. 35,800. 35,800. 36,572. 36,249. 37,800. 38,000. 37,800. 37,800. 38,572. 37,395.		miscettaneous may not exceed 5% of total expenses shown on line 25 helow.)									
b PRINTING 43,657. 14,771. 2,637. 26,249. 35,800. 0. 8,000. 27,800. UTILITIES AND TELEPHONE 28,480. 16,513. 8,572. 3,395.	я	PRODUCTION COSTS	182,081.		0.	182,081.					
UTILITIES AND TELEPHONE 28,480. 16,513. 8,572. 3,395.	6					26,249.					
	c										
REPAIRS AND MAINTENANCE   26.089. 9.585. 6.264. 10,240	d										
	е	REPAIRS AND MAINTENANCE									
	f					26,851.					
23 Telestrometer to the control of t	25		5,765,879.	3,698,392.	731,685.	1,335,802.					
26 Joint costs. Check here Lift fallowing	26				,						
SOP 98-2. Complete this line only if the organization				[							
reported in column (B) joint costs from a combined		* * * * * * * * * * * * * * * * * * * *	1	1	]						
educational campaign and fundraising solicitation Form 990 (2009				<u> </u>	· · · · · · · · · · · · · · · · · · ·	Ferm <b>990</b> (2009)					

932010 02-04-10

.P.a	d X	Balance Sheet					ZZTOSOS Page II
	· ·				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		••••	900.	1	1,200.
	2	Savings and temporary cash investments		•	4,688,413.	2	3,461,280.
	3	Fiedges and grants receivable, net			594,727.	3	1,285,540.
	4	Accounts receivable, net		•	109,710.	4	404,660.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee					
	١.	of Schedule L		5			
	6	Receivables from other disqualified persons (as	defined	under section		쬁	
		4958(f)(1)) and persons described in section 495					
_	,	Part II of Schedule L				6	
Assets	I -	Notes and loans receivable, net inventories for sale or use				7	
Ą	8	Prepaid expenses and deferred charges		•		8	
		Land, buildings, and equipment, cost or other			17,670.	9	83,952.
	IVA	basis Complete Part VI of Schedule D		120 160			
	Ь	·•	10a	139,168.			
	11	Investments - publicly traded securities	105	113,789.	45,354.	10c	25,379.
	12	Investments - other securities See Part IV, line 1	925,650.	11	2,635,583.		
	13	Investments - program-related See Part IV, line		12			
	14	Intangible assets		13	<del></del>		
	15	Other assets. See Part IV, line 11	245,206.	14	222 016		
į	16	Total assets. Add lines 1 through 15 (must equa	al ime 34	M	6,627,630.	15 16	232,016. 8,129,610.
	17	Accounts payable and accrued expenses	224,601.	17	217,100.		
	18	Grants payable	227,0020	18	227,100.		
	19	Deferred revenue	29,201.	19	36,099.		
	20	Tax-exempt bond liabilities		20			
8	21	Escrow or custodial account liability Complete F	Part IV o	f Schedule D		21	
	22	Payables to current and former officers, director	s, truste	es, key employees,			
Llabilities	1	highest compensated employees, and disqualifie	ed pers	ons. Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities. Complete Part X of Schedule D			443,126.	25	73,477.
	26	Total liabilities. Add lines 17 through 25		191	696,928.	26	326,676.
_		Organizations that follow SFAS 117, check he	as 🕨	and complete			
883	97	lines 27 through 29, and lines 33 and 34.					
ig S	27 28	Unrestricted net assets Temporanly restricted net assets			5,232,736.	_	6,041,796.
ğ	29	Permanently restricted net assets			697,966.	28	1,761,138.
5	20	Organizations that do not follow SFAS 117, ch	re 🕨 🔲 and		29		
5		complete lines 30 through 34.					
8	30	Capital stock or trust principal, or current funds		<b>=</b>			
Net Assets or Fund Balan	31	Paid-in or capital surplus, or land, building, or equ	t fund	·	30		
7	32	Retained earnings, endowment, accumulated inc				31	
ž	33	Total net assets or fund balances			5,930,702.	33	7,802,934.
I	34_	Total habilities and net assets/fund balances	_		6,627,630.		8,129,610.
							5 990 (2000)

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

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. ► See separate instructions.

Inspection

Name of the organization

Employer identification number MUSTCARES FORMDATTON TNO

Dai	t 🖃	Passan	for Dublic Char	TE TOUNDATIO	, TI						-44 <i>/</i> U	200	<u>'</u>
		neason	tor Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
ne c	organi	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one I	oox.)					
1	片	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(ī	).				
2	=			70(b)(1)(A)(ii). (Attach Sc									
3		A hospital or	a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter th	e hospital	i's nan	ne,
	_	city, and stat	te:										
5		An organizati	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	d in		
	<u>.                                      </u>		(b)(1)(A)(iv). (Comple										
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v)_					
7	X.	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governm	ental unit o	or from the	e deneral p	ublic desc	nibed :	in
		section 170(	(b)(1)(A)(vi). (Comple	ete Part II.)		÷	•						
8		A community	trust described in a	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33			rom centr	ibutions, a	nembersh	in fees, and	d aross re	ceints	from
		activities rela	ited to its exempt fui	nctions - subject to cert	in excepti	ions, and (	2) no mor	than 33 1	1/3% of its	s support f	mm amee	inves	tment
		income and u	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	v the om:	anization ai	fter lune S	1111031 20 101	76
		See section	509(a)(2). (Complete	e Part III.)		- ,			y uic oigi	an receitor i es		~, 151	, J.
10				perated exclusively to te	st for publ	ic safety. S	See sectio	ın 509/a¥/	۵.				
11		An organizat	ion organized and o	perated exclusively for t	ne benefit	of, to perfe	orm the fu	nctions of	orto can	wout the r	umoses c	of one	~
		more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(	) See see	tion 509	aka) Cher	k the hov	that	<b>~</b>
		describes the	e type of supporting	organization and compl	ete iines 1	1e through	11h.	-,. 000 001		-M-M 0.10			
		a Type I		1		e III - Func		teorated		d□	Type III - (	Other	
e		By checking		at the organization is not	controlled	directly o	r indirecth	/ by one o	r more die				.n
		foundation m	nanagers and other t	han one or more publich	v supporte	rinemo h	tinne dec	cribad in a	action 50	Qualifica p	ersons co extina 500	ie ne	u (
f		If the organiz	ation received a writ	ten determination from	he IRS th:	at it is a Tu	ne i Tvne	directions.	- III	عرطار ایا به ها	ectión 20s	nanzj.	
		supporting of	rganization, check tt										
g				ns box organization accepted ar	ov aift or a	ootributior	from any	of the felt	ouina nor		•••••••	•••••	
_		(ii) A perso	n who directly or ind	lirectly controls, either a	ione or too	ethor with	nomeone e	ionoribadi	owing bes	SUIS?		Van	T 14-
		the gove	eming body of the s	upported organization?	one or tog	Curci William	persons (		iii (a) anci i	(iii) DeiOW,	44-07	Yes	No
		(iii) A family	member of a persor	described in (i) above?	•	••••••	••	••••••	• • • • • • • • • • • • • • • • • • • •	••••••	11g(i)	<del> </del>	├──
		(iii) A 35% (	controlled entity of a	person described in (i)	r (fil) ahow		••••••	*****************	• • • • • • • • • • • • • • • • • • • •		11g(ii)		├
h		Provide the fo	ollowing information	about the supported on	aniterine	/e\	***********		• • • • • • • • • • • • • • • • • • • •		[11g(iii)		
				about the supported of	yaı ıızatıcı ı	SJ.							
701	Nama	of supported	CD FIN	(iii) Type of	Vist to the a		63 Did.	17 . 45 .	(45)	. #ho		<del></del> -	
(1)		of supported nization	(ii) EIN	organization		rganization			(vi) l organizati	on in col. I	(vii) An		if
	J. 5.			(described on lines 1-9 above or IRC section	in col. (i) listed in your organization in col. governing document? (i) of your support?			(i) organiz	organized in the U.S.?		port		
				(see instructions))	Yes	No	Yes	No	Yes	No			
				<del></del>					165	140	·		
						<u> </u>	_			<del>  </del> -			
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otal													
- COI			the to the state of the same of the same of the same			*****			-				

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

Schedule A (Form 990 or 990-EZ) 2009

95-44701

932021 02-08-10

932022 02-08-10

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

P	edule A (Form 990 or 990-EZ) 2009 art III Support Schedule for ction A. Public Support	Organization	e Described in	Castles Cool	Vac		Page 3
Se	ction A. Public Support	-, <u>gamzado</u> n	a Described III	Section 509(	a)(2) (Complete on	y if you checked the l	box on line 9 of Part
	endar year (or fiscal year beginning in)						
	Gifts, grants, contributions, and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")				İ		İ
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·					
3	Gross receipts from activities that		<del></del>	<del> </del> -			
	are not an unrelated trade or bus-				ł		
	iness under section 513					1	
4	Tax revenues levied for the organ-		<del> </del>		<del></del>		
	ization's benefit and either paid to		ľ		·		
	or expended on its behalf						
5	The value of services or facilities				<del>                                     </del>	<del> </del>	
	furnished by a governmental unit to		1			-	İ
	the organization without charge						
6	Total. Add lines 1 through 5			· —	<del></del>	<del> </del>	<del>                                     </del>
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified 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		<del> </del>		· · · · · · · · · · · · · · · · · · ·		
8	Public support (Subtract fine 7c from fine 6.)						
Sec	tion B. Total Support			A SANGE TO SEE STATE STA			
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(40.2009	(=) 2000	(A) T-4-1
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans rents myalties	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and Income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2005	<b>(b)</b> 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.) Total support (Add lines 9, 10c, 11, and 12.)						
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thin	J, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi	the organization's	s first, second, thin	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here titon C. Computation of Publi	the organization's  C Support Pene 8, column (f) d	s first, second, thin	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2009 (line Public support percentage from 2008)	the organization's <b>c Support Pe</b> ne 8, column (f) d  Schedule A. Part	s first, second, thin rcentage ivided by line 13, c	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and Income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage from 2008 tion D. Computation of Inves	the organization's  c Support Pe ne 8, column (f) d Schedule A, Part	s first, second, thin rcentage ivided by line 13, c Ill, line 15	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public support percentage for 2009 (lines support percentage from 2008 tion D. Computation of Investment income percentage for 2009 (lines support percentage for 2008 investment income percentage for 2008 investment income percentage for 2009 (lines support percentage for 2008 investment income percentage for 2008 investment income percentage for 2009 (lines support percentage for 2008 investment income percentage for 2009 (lines support percentage for 2008 investment income percentage for 2009 (lines support percentage for 20	the organization's  c Support Pe ne 8, column (f) d Schedule A, Part tment Incom	s first, second, thin rcentage ivided by line 13, c Ill, line 15 e Percentage	d, fourth, or fifth to	x year as a sectio	n 501(c)(3) organiz	ation,
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public Public support percentage for 2009 (lines support percentage from 2008 investment income percentage from 2001)	the organization's <b>c Support Pe</b> ne 8, column (f) d <b>Schedule A, Part itment Incom</b> 19 (line 10c, column)  1008 Schedule A,	s first, second, thin rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by line Part III, line 17	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2009 (lines percentage for 2008 investment income percentage from 2018 investment in	the organization's  C Support Pe ne 8, column (f) d Schedule A, Part itment Incom D9 (line 10c, colur 008 Schedule A, organization did r	s first, second, thin rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box of	d, fourth, or fifth ta olumn (f)) e 13, column (f))	x year as a sectio	n 501(c)(3) organiz  15 16 17 18 3.1/3% and line 1	ation,
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage from 2008 thought in the computation of Investment income percentage from 2001 investment income percentage from 2013 1/3% support tests - 2009. If the comore than 33 1/3%, check this box and more than 33 1/3%.	the organization's <b>c Support Pe</b> ne 8, column (f) d  Schedule A, Part <b>iment Incom</b> 9 (line 10c, colur  008 Schedule A,  organization did r  dstop here. The	rcentage ivided by line 13, could like line 15 e Percentage inn (f) divided by line 17 int check the box coorganization qualif	d, fourth, or fifth ta olumn (f)	x year as a section  15 is more than 3	15   16   17   18   3 1/3%, and line 1	### ### ### ### ### ### ### ### ### ##
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2009 (lines) in the computation of Investment income percentage from 2008 threat this box and 31/3% support tests - 2009. If the computation 33 1/3% support tests - 2008. If the computation of the support tests - 2008. If the computation of 11/16/16/16/16/16/16/16/16/16/16/16/16/1	the organization's  c Support Pe ne 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 008 Schedule A, organization did r d stop here. The organization did n	s first, second, thin rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box coorganization qualified to check a box on	olumn (f)) e 13, column (f)) in line 14, and line ies as a publicly si	x year as a section  15 is more than 3 apported organiza and line 16 is more	15   16   17   18   3 1/3%, and line 1 tion	### ### ### #### #####################
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage from 2008 thought in the computation of Investment income percentage from 2001 investment income percentage from 2013 1/3% support tests - 2009. If the comore than 33 1/3%, check this box and more than 33 1/3%.	the organization's  c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 09 (line 10c, colum 09 (line 10c, colum 008 Schedule A, organization did n dstop here. The organization did n ck this box and st	s first, second, thin rcentage ivided by line 13, c Ill, line 15 e Percentage inn (f) divided by lin Part Ill, line 17 int check the box coorganization qualified to check a box on op here. The organization op here.	olumn (f)) e 13, column (f)) in line 14, and line les as a publicly so line 14 or line 19a	x year as a section  15 is more than 3 apported organiza and line 16 is more than 3 apported organization.	15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, a	### ### ##############################

932023 02-08-10

Schedule A (Form 990 or 990-EZ) 2009

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Na

lame	of the organization MUSICARES FOUNDATI	ON INC.	95-4470909
		d Funds or Other Similar Fund	s or Accounts. Complete if the
Par	Organizations Maintaining Dollor Advise		N/A
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor autrace rando	(0,0
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant tunds can	be used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpo	se conterring Yes No
	impermissible private benefit?	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	***************************************
Pat	Conservation Easements. Complete If the or	ganization answered Yes to Form 990	, Part IV, une 7. IV/A
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	historia de la compansa de la compansa de la compansa de la compansa de la compansa de la compansa de la compa
	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		a
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the fo	rm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	l after 8/17/06	2d
3	Number of conservation easements modified, transferred, n	eleased, extinguished, or terminated by	the organization during the tax
	year -		
4	Number of states where property subject to conservation e	asement is located >	<del>-</del>
5	Does the organization have a written policy regarding the po	eriodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements du	ing the year ► \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section '	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that descrit	es the organization's accounting for
	conservation easements.		
Pa	Organizations Maintaining Collections		
	Complete if the organization answered "Yes" to Fort	m 990, Part IV, line 8.	N/A
1a	If the organization elected, as permitted under SFAS 116, r		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, t		
	or other similar assets held for public exhibition, education,	, or research in furtherance of public ser	vice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	•••••	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical to	reasures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under SFAS		
	Revenues included in Form 990, Part VIII, line 1	***************************************	
	Assets included in Form 990, Part X		
	For Privacy Act and Paperwork Reduction Act Notice, s	ee the Instructions for Form 990.	Schedule D (Form 990) 200
83205 02-01	11 -10		

Sch	edule D (Form 990) 2009 MUSICAR	ES FOUNDAT	ION, INC.			95-	-4470909	Page 2
<u>iPa</u>	Organizations Maintaining (	Collections of A	rt, Historical T	reasures	or Other	Similar A	coate (acation	
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	e following th	at are a sign	rificant use	of its collection it	teme
	(Crieck all triat apply);		_					
a	Public exhibition	d	Loan or exc	change prog	rams			
þ		ė	Other	3 3				
C	· · · · · · · · · · · · ·							
4	Provide a description of the organization's o	ollections and explai	n how they further	the omaniza	tion's even	at purpose ir	Dod VIV	
5	During the year, did the organization solicit (	or receive donations	of art, historical tres	Scringe or off	har eimilar a	aaata		
	to be sold to raise funds rather than to be m	laintained as nart of t	the organizations of	٥_مناصمالم			. Tyes [	□ No
Pā	Escrow and Custodial Arran	igements. Compl	ete if organization a	nswered "Y	s" to Form	990 Part IV	line 9 or	NO
		ıτλ, iine 21.					N/A	
1a	Is the organization an agent, trustee, custoo	lian or other intermed	liary for contribution	ns or other a	seets not in		IV/A	
	on Form 990, Part X?				ooco i iot ii i	GUU6U	☐ Yes [	□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	flowing table:	••••••••••	*	••••••••••	. Les L	I NO
		•					Amount	<del>'</del>
C	Beginning balance			•		1c	Amount	
đ	Additions during the year				•••••••	1d		
0	Distributions during the year		***************************************	••••••••	************	1e		
f	Diding Datance							
<b>2</b> a	Did the organization include an amount on F	om 990, Part X. line	21?	••••••	•••••••	L 11	Yes	<del></del>
	<u>ii ies, explaiiiule allangement in Part XIV</u>	_					, Langes L	No
Pa	Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	m 990. Pari	IV. line 10		<del></del>	
		(a) Current year	(b) Prior year			Three years t	ack (e) Four yea	one bank
1a	Beginning of year balance	594,727.				111100 yours 12	don (e) rour yea	ars Dack
b	Contributions	1,397,525.	594,727.					
c	Net investment eamings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses			-				
g	End of year balance	1,992,252.	594,727.					
2	Provide the estimated percentage of the year	r end balance held a	s:					
a								
b	Permanent endowment	%						
		<del>%</del>						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administa	red for the	nmanization	-	
	uy.						Yes	
	(i) unrelated organizations	••••					2-/3	s No X
								X
b	in 163 to ca(ii), are the related organizations	s insterd as required of	n Schedule R?	•••••••••	······································		3b N/	
	Dogotibe in Fait Alv tite intelliged uses of the	! OMBANIZATION'S ANDO	umant funde			••	[3b [N/	<u> </u>
Pai	Investments - Land, Building	s, and Equipme	nt. See Form 990.	Part X. line	10.		<del></del>	
	Description of investment	(a) Cost or ot			(c) Accu	mulated	(d) Book va	
		basis (investm		l l	depred		(d) BOOK Va	uue
1a	Land			·				
ь	Buildings			——- j	Contract of Action			
C	Leasehold improvements							
ď	Equipment		7.	3,787.	4	8,516.	25	271.
е	Other		6	5.381		5,273.		108.
Tatal	. Add lines 1a through 1e. (Column (d) must e	qual Form 000, Post 1	/ notions (D) for a	26-11		- , , - ,		370

Schedule D (Form 990) 2009

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

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Sche	edule D (Form 990) 2009 MUSICARES FOUNDATION, INC.				9	5-4	4470909 Page 4
Ra	Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finar	icial S	Staten	nent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		10111	7,539,400.
2	Total expenses (Form 990, Part IX, column (A), line 25)				<u> </u>		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	*********	••••••	2			5,765,879.
4	Net unrealized gains (losses) on investments	********	••••••	3			1,773,521.
5	Donated services and use of facilities	*********	•••••••	4			98,711.
6	Investment expenses	•••••	•••••				
7	Prior period adjustments	••••••	••••••	6			<del></del>
8	Other (Describe in Part XIV.)	••••	•••••	7			····
9	Total adjustments (net). Add lines 4 through 8	•••••		8			00 514
10	EXCESS OF (CERCIL) for the year per altitized financial statements. Combine lines 2 and			1 1			98,711. 1,872,232.
Pa	XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	10 n	or Pot	h (	1,014,434.
1	I OTO I POMODING COSTO COST ON A STANDARD AND A STA					$\overline{}$	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••	••••••••	••••••		1	10,975,386.
а	Net unrealized gains on investments	1 _ 1	۰ ۱	0 7	麿		
ь	Donated services and use of facilities	2a		8,7	<u> 1 7 • ∰</u>		
c	Recoveries of prior year grants	<u>2</u> b			<b>2</b>		
ď	Recoveries of prior year grants  Other (Describe in Part YIV)	2c					
-		2d	3,33	7,2	<u>75.</u> 薩		
3	Add lines 2a through 2d	·····		• • • • • • • • • • • • • • • • • • • •	<u>L</u> a	2e	3,435,986.
4	addition to the se treat time 1			• • • • • • • • • • • • • • • • • • • •	<u>L</u> :	3	7,539,400.
*_	randing included on Form 990, Fait Vill, line 12, but not on line 1:						
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
D	Other (Describe in Part XIV.)	4b				<b>E</b>	
C	Add lines 44 and 4b				4	lc	0.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12)					5	7,539,400.
<u>:59</u>	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	/ith Expe	nses	per R	etur	n
1	Total expenses and losses per audited financial statements	•••••				1	9,103,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					CZ.	
a	Donated services and use of facilities	2a					
ь	Prior year adjustments	25		•			•
C	Other losses	20	····				
ď	Outer (Describe in Part XIV.)	24	3,33	7.27	75.		
8	Add lines 2a through 2d				2	(B)	3,337,275.
3	Constant the 28 act the 1	••••••	************	••••••	,	3	5,765,879.
4	Allounds included on Form 990, Part IX, line 25, but not on line 1:	*******	***************			- T	27.007073.
а	investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	<del></del>				
	Add lines 4a and 4b						0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••••••	••••••••	••••••	····   4	-	5,765,879.
	Supplemental Information				E		
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	linee 1	and 4: Po	4 D / E-	45	01-	- D. 414 E. 4 D
PAR	T V, LINE 4: TO PROVIDE ONGOING FUNDING OF	OPF	RATIO PIO	NOE AUT NIAT.	<b>Σ λΙΤ</b>	nauir 1010	iiomanon. ∩CD XM
				.4.2.2.3	21111	7.17	JGRAM
EXE	ENSES.						
							<del></del>
							·····
PAR	T XII, LINE 2D: SPECIAL EVENT EXPENSES ARE	ጥር	BR TM	יווד.	א מש	'NT T	O TOT FEATURE
			DD XIV	-1101	ד עמי	1 14.	KEARUE.
	· · · · · · · · · · · · · · · · · · ·						
PAR	T XIII, LINE 2D: SPECIAL EVENT EXPENSES AR	в то	BE EX	<b>СТ.</b> П	מאמ	स्कर	n <b>w</b>
						- 1//	
EXP	ENSES.		•				
			·		<u>-</u>		
932054					Sch	edul	e D (Form 990) 2009
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### Schedule F (Form 990)

# Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 930, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2000
7009
2000
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MUSICARES FOUND	ATION, I	NC.		95-447090	19
Part I General Info	mation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes*
to Form 990, Par	t IV, line 14b.				
1 For grantmakers. Does	the organization	n maintain recon	ds to substantiate the amount of the g	rants or assistance, the	
grantees eligibility for th	e grants or assi	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	tes.
3 Activities per Region. (U	se Schedule F-1	(Form 990) if ac	Iditional space is needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
*	in the region	agents in	program services, grants to	describe specific type	for region
	•	region	recipients located in the region)	of service(s) in region	_
CENTRAL AMERICA &					į.
THE CARIBBEAN	١	0	PROGRAM SERVICES	SUBSTANCE ABUSE	
			PARTICES .	TREATMENT	28,000.
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Totals	0	0			28,000.
.HA For Privacy Act and Pa	perwork Reduc	tion Act Notice	see the Instructions for Form 990.	Schedule F (F	orm 990) 2009

932071 02-01-10 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Page 2

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appralsal, other)
		CENTRAL AMERICA & THE CARIBBEAN	SUBSTANCE ABUSE TREATMENT	28,000.CHBCK	CHECK	. 0		
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							·	
					-			
2 Enter total number of the IRS, or for which 3 Enter total number o	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ons listed above that are sel has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entitles	e foreign country	, recognized as tax-exempt by	xempt by		1
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Schedule F (Form 990) 2009 MUSICARES FOUNDATION, INC.

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

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Use Schedule F-1 (Form 890) if additional space is needed.	<i>J)</i> ii addiklonal space is ne	eded.					
(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL ASSISTANCE TO COVER MORTGAGE	NORTH AMERICA	. н	2,700.	CHBCK	0		
FINANCIAL ASSISTANCE TO COVER MEDICAL EXPENSES	NORTH AMERICA	1	3,000,CHBCK	CHBCK	0.		
FINANCIAL ABSISTANCE WITH RENT	SOUTH ASIA	ri i	1,000.CHECK	CHBCK	0.		
FINANCIAL ASSISTANCE WITH MEDICAL INSURANCE	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,500.	СНВСК	0		
ICK FOR	NORTH AMERICA	1	259.	259, CHBCK	o	·	
-							
						Schodule	Schodulo F (Form 990) 2009

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2009

Open To Public Inspection

MUSICARES FOUNDATION, INC

Employer identification number

	LES FOUNDATION,				95-4470	909
						filers are not
<ul> <li>Indicate whether the organization rate a X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>X Phone solicitations</li> <li>X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, it is the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Sol f Sol g X Spo  or oral agreement with any indivi- art VII) or entity in connection w  lividuals or entities (fundraisers)	licitation of licitation of ecial fundra idual (includ ith profess	non-g gover using ding o	overnment grants rment grants events fficers, directors, true	stees or X Voc	No be
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	estody troi of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
COMMUNITY COUNSELING SERVICE CO., LLC	FUNDRAISING CONSULTING	Yes	No X	1,397,525.	210,000.	1,187,525.
otal  3 List all states in which the organization	on is registered or licensed to sol	licit funds o	r has	1,397,525. been notified it is ex	210,000. empt from registration	1,187,525. on or licensing.
		2				
HA For Privacy Act and Paperwork Re	eduction Act Notice, see the Inc	structions	for Fo	erm 990 or 990-EZ,	Schedule G (Form	1 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 MUSICARES FOUNDATION, INC. 95-4470909 Page 2. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events MAP FUND POTY (add coi, (a) through 2 DINNER/AUCTICONCERT col. (c)) (total number) (event type) (event type) 6,032,986. 101,955 421,442. 5,509,589 1 Gross receipts ..... 4,808,797. 144,825. 80,755. 4,583,217 2 Less: Charitable contributions ...... 1,224,189. 21;200. 276,617. 926,372 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 138,888. 115,288. 23,600. Rent/facility costs 270,895. 7,857. 17,015 246,023 7 Food and beverages 4,700 4,700. 8 Entertainment ..... 2,922,790. 2,833,944. 63,418. 25,428. 9 Other direct expenses ..... 3,337,273 10 Direct expense summary. Add lines 4 through 9 in column (d) -2,113,084. 11 Net income summary. Combine line 3, column (d), and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than N/A \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 2 Cash prizes Expenses 3 Noncash prizes \_\_\_\_\_ Rent/facility costs Other direct expenses Yes Yes 96 Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Combine line 1, column (d), and line 7 ...... Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain:

2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

Schedule G (Form 990 or 990-EZ) 2005

11 Does the organization operate gaming activities with nonmembers?

administer charitable gaming?

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009 MUSICARES FOUNDATION, INC.	05 447	000	۸	
	95-447	090	y Pa	age 3 No
13 Indicate the percentage of gaming activity operated in:	ſ		1 CS	NO
a The organization's facility b An outside facility	04			
a 1 11 Games				
14 Enter the name and address of the person who prepares the organization's garning/special events books and recor	rde:			
Name				
Address >		32		
4Ee Door the association to				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	ويدنين	
		-		
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue method by the object of gaming revenue method by the object of gaming revenue method by the object of gaming revenue and the amount of gaming revenue method by the object of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method by the organization of gaming revenue method of gaming revenue method of gaming revenue method of gaming revenue method of gaming revenue method or gaming revenue meth	unt			
of gaming revenue retained by the third party > \$  c If "Yes," enter name and address of the third party:				
on rest, which make and address of the third party:	5			
Name >				
Address ►	2022			趯
16 Gaming manager information:	History			墨
	184107			壨
Name >	5000			
	B			
Garning manager compensation > \$				
Description of services provided	100			
	——— R			
	R			
	<del></del>			
Director/officer Employee Independent contractor				
	e de la companya della companya della companya de la companya dell			
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to	) Allen			
retain the state gaming license?	[3	17a		
b later the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the			
organization's own exempt activities during the tax year ▶ \$	#		##	

Schedule G (Form 990 or 990-EZ) 2009

Schedule I (Form 990) 2009 <u>ş</u> □ Employer identification number UND HOUSING DEVELOPMENT 95-4470909 CONTRIBUTION FOR ACTORS HESTON TO PROVIDE LOW CONTRIBUTION TOWARD MC ORP IN FURTHERANCE OF Open to Public Inspection (h) Purpose of grant PERSON OF THE YEAR or assistance \$ |X recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any KHIBIT Enter total number of section 501(c)(3) and government organizations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Ö. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 000 25,000, (d) Amount of cash grant 9 Enter total number of other organizations (c) IRC section If applicable INC 501(C)(3) 501(C)(3) MUSICARES FOUNDATION, 26-1447714 13-1635251 General Information on Grants and Assistance criteria used to award the grants or assistance? ........ (b) EIN 1 (a) Name and address of organization 800 W, OLYMPIC BLVD, SUITE A245 or government LOS ANGELES, CA 90015 729 SEVENTH AVENUE Name of the organization NEW YORK, NY 10019 Department of the Treasury THE ACTORS FUND Internal Revenue Service GRAMMY MUSEUM SCHEDULE (Form 990) Part II Part

OMB No. 1545-0047

(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 non-cash assistance
FINANCIAL ASSISTANCE TO INDIVIDUALS WITHIN THE MUSIC COMMUNITY, INCLUDING, BUT NOT LIMITED TO,					
PAYMENTS MADE TO THIRD PARTY VENDORS ON BEHALF OF					
INDIGENT RECORDING INDUSTRY PERSONNEL FOR	2011	1,755,184.	0.		
FINANCIAL ASSISTANCE FOR ADDICTION RECOVERY	1				
SERVICES, INCLUDING, BUT NOT LIMITED TO, PAYMENTS MADE TO THIRD PARTY VENDORS ON BEHALF OF RECORDING	l				•
INDUSTRY PERSONNEL FOR SUBSTANCE ABUSE FACILITY	191	684,790.	ا م		
				·	
			·		
Part IV   Supplemental Information. Complete this part to provide	le the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE GR	ANTEE IS	REQUIRED '	TO PROVIDE		
DOCUMENTATION FOR THE BASIS OF THE	GRANT AN	ND MUSICAR	ES WILL PAY	Y DIRECTLY	
FROM THE PROVIDED DOCUMENTS (I.E.	MEDICAL E	BILLS, INS	URANCE, BAS	FIC LIVING	
INCLUDING RENT, ETC.) DIRECTLY TO	THE VENDO	OR ON BEHA	LF OF THE G	FRANTEE.	
PART II, LINE 1, COLUMN (H):		<del></del>			
NAME OF ORGANIZATION OR GOVERNMENT	: THE ACT	ORS FUND			
(H) PURPOSE OF GRANT OR ASSISTANCE	: CONTRIE	UTION FOR	ACTORS FUN	ND HOUSING	
DEVELOPMENT CORP IN FURTHERANCE OF	MISSION		E LOW COST	HOUSING TO	
B32102 02-02-10		34			Schedule 1 (Form 990) 2003

Part IV   Supplemental Information	95-4470909 Page 2
Part IV Supplemental Information	
MUSIC PROFESSIONALS	
PART III, COLUMN (A):	
(A) TYPE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE TO	INDIVIDUALS
WITHIN THE MUSIC COMMUNITY, INCLUDING, BUT NOT LIMITED T	O, PAYMENTS MADE
TO THIRD PARTY VENDORS ON BEHALF OF INDIGENT RECORDING I	NDUSTRY PERSONNEL
FOR MORTGAGE/RENT, VEHICLES, INSURANCE, UTILITIES, FUNER	AL/BURIAL
SERVICES, AND MEDICAL SERVICES	
(A) TYPE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE FO	R ADDICTION
RECOVERY SERVICES, INCLUDING, BUT NOT LIMITED TO, PAYMEN	
PARTY VENDORS ON BEHALF OF RECORDING INDUSTRY PERSONNEL	
ABUSE FACILITY AND TREATMENT EXPENSES	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Schedule I (Form 990) 200

## SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

MUSICARES FOUNDATION, INC. **Questions Regarding Compensation** 

Employer identification number 95-4470909

1	Check the appropriate box(es) if the organization provided any of the full		Yes	No
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel		量	
	Travel for companies		崖	
	Payments for business use of personal residence			
	Discretion and a series of initiation rees			
	Personal services (e.g., maid, chauffeur, chef)			
1			2	
_	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2	To the district of provision of all of the expenses described above? If "No " complete the title and the complete the title and the complete the title and the complete the co	1b	N/A	23.50
_	The state of the s	1		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	ł
-				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	OLO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	independent compensation consultant			
	X Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization of a related organization;			
а	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from a supplemental parameter and selections.	4a	2000 Z	X
_		4b	$\dashv$	$\frac{x}{x}$
C	- 4 aspects and of reserve payment from, all equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		-	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any realest organization?	5b	-	X
	if "Yes" to line 5a or 5b, describe in Part III.	30	-	<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?  Any related organization?	60		X
þ	Any related organization?	6a 6b		$\frac{\mathbf{x}}{\mathbf{x}}$
	in the to the balor ob, describe in Part III.	OD I		A Services
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	1 _ 1		v
8	The state of the s	7	$-\!\!+$	<u>X</u>
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		-	v
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		X
_	Regulations section 53.4958-6(c)?		7/3	
LHA			V/A	·
	Schedule J	(Form	5501 2	LHI9

Schedule J (Form 990) 2009

6-(2)

Partili: Officers, Directors, Trustess, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Dieakoomi oi i	M-S BUDYOL 1038-MIN	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(II) Bonus & Incentive compensation	(Iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
- 10	94.693.	52,365.	5,277.	22,000.	17,197.	191,532.	0
(1)	0.	0.	0.		16 655		<u>ö</u>
	121,811.				10,000.	152,103.	0
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		-	<del>                                     </del>	<u> </u>			
		1	+				<u> </u>
		(i) 94,693. (ii) 0. (i) 121,811. (ii) 0. (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(i) 94,693. 52,365. (ii) 0. 0. 0. (i) 121,811. 800. (ii) 0. 0. (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(i) 94,693. 52,365. 5,277. (ii) 0. 0. 0. 0. (i) 121,811. 800. 89. (ii) 0. 0. 0. 0. (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(0) 94,693. 52,365. 5,277. 22,000. (1) 121,811. 800. 89. 12,610. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(0) 94,693. 52,365. 5,277. 22,000. 17,197. (0) 0. 0. 0. 0. 0. 0. 0. 0. (121,811. 800. 89. 12,610. 16,855. (0) 0. 0. 0. 0. 0. 0. 0. 0. (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	(i) 94,693. 52,365. 5,277. 22,000. 17,197. 191,532.

95~4470909

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Part III Supplemental Information Schedule J (Form 990) 2009

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

ARE TO BE USED FOR MUSICARES FOUNDATION BUSINESS ACTIVITIES IN HER ROLE AS THESE AMOUNTS WERE REPORTED AS TAXABLE INCOME ON HER FORM \$3,000 AND A CELL PHONE ALLOWANCE OF \$1,500 FOR CALENDAR YEAR 2009, WHICH DANA TOMARKEN RECEIVED A CAR ALLOWANCE OF LINE 1A: VICE PRESIDENT. PART I, W-2.

AND NARAS FOUNDATION, INC., AN AFFILIATED EXEMPT ORGANIZATION THAT IS NOT A JUDY WONG DIVIDES HER TIME FOR SERVICES BETWEEN MUSICARES FOUNDATION RELATED ENTITY UNDER THE DEFINITION OF RELATED PARTY FOR 990 PURPOSES, AND OF JUDY WONG'S COMPENSATION REPORTED ON SCHEDULE J, PART II, THE FOLLOWING ALL OF JUDY WONG'S COMPENSATION IS PAID BY MUSICARES FOUNDATION, NARAS FOUNDATION, INC. REIMBURSES MUSICARES FOUNDATION FOR THESE SERVICES. \$60,906 BASE, \$400 BONUS AND INCENTIVE, \$44 OTHER REPORTABLE COMPENSATION, \$6,305 DEFERRED COMPENSATION, AND \$8,428 OF NONTAXABLE BENEFITS, FOR A AMOUNTS WERE ALLOCATED TO NARAS FOUNDATION, INC. FOR REIMBURSEMENT: TOTAL OF \$76,083. PART II: INC.

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## SCHEDULE M (Form 990)

Department of the Treasury Intornal Revenue Service

# **Noncash Contributions**

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

► Attach to Form 990.

OMB No. 1545-0047

Inspection

Name of the organization

MUSICARES FOUNDATION, INC.

**Employer identification number** 95-4470909

Part	Types of Property						
	22	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revenu		<u>-</u>
4	Art - Works of art						
•	Art - Historical treasures						
_	Art - Fractional interests						<del>==</del> =
_	Books and publications	X		153,600.	COST OR SEL	LING P	KIC
	Clothing and household goods	X		229,825.	COST OR SEL	LING P	KIC
	Cars and other vehicles						
	Boats and planes						
-	Intellectual property				<u> </u>		
	Securities - Publicly traded				<u> </u>		
	Securities - Closely held stock						
	Securities - Partnership, LLC, or						
	trust interests						
	Securities - Miscellaneous				<u> </u>		
	Qualified conservation contribution -						
•-	Historic structures		<u> </u>				
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial			<u></u>		<u> </u>	
17	Real estate - Other				1		
18	Callectibles					<u>.</u>	
19	Food inventory	1 37		57,635.	<u></u>		
20	Drugs and medical supplies						
21	Taxidermy			<u>. </u>			
22	Historical artifacts			<u> </u>			
23	Scientific specimens						
24	Archeological artifacts						
25	Other > (POTY GIFT BAG)	X	10	-	COST OR SE		PRIC
26	Other (DISCOUNTED RE)	X		1 181,055.			
27	Other (GRAMMY TICKET)	X		16,800.	COST OR SE		
28	Other (ADVERTISING)	X		3 15,175.	COST OR SE	LLING I	PRIC
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 8	283, Part IV	Donee Acknowle	dgment 29	· · ·		
	•			•		Yes	No
30a	During the year, did the organization receive	by contribut	ion any property r	eported in Part I, lines 1-28 t	hat it must hold for		
	at least three years from the date of the initia	l contributio	n, and which is no	t required to be used for exe	empt purposes for		
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	X
32a	Does the organization hire or use third partie	s or related	organizations to so	olicit, process, or sell noncas	sh		]
	contributions?			***************************************		32a X	
b	if "Yes," describe in Part II.						
33	If the organization did not report revenues in	column (c) 1	or a type of prope	rty for which column (a) is cl	necked,		
	describe in Part II.				······································		
LHA	For Privacy Act and Paperwork Reduction	on Act Notic	e, see the Instru	ctions for Form 990.	Schedule	M (Form 99	0) 2009

Schedule M (Form 990) 2003/MUSICARES FOUNDATION, INC. 95-4470909 Page
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  Page Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
SPECIAL MERIT AWARDS CEREMONY TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9500.
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE
AIRLINE BARTER TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8793.
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE
MAP GIFT BAG
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6411.
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE
POTY TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6250.
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE
GRASSROOTS GIVING GIFT BAG
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
\$22142 02-03-10 Schedule M (Form 990) 2009 490606 099936 95-4470909 2009.05090 MUSICARES FOUNDATION, INC. 95-44701

AGICTGADES POINDATION, INC.	95-4470909	Page 2
Schedule M (Form 990) 2009 MUSICARES FOUNDATION, INC.	es 30b, 32b, and 33.	
Schedule M (Form 990) 2009 MUSICARES FOUNDATION, End of the information required by Part I, lin Supplemental Information. Complete this part to provide the information required by Part I, lin Also complete this part for any additional information.		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1547.		
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE		
	<u>.</u>	
SCHEDULE M, LINE 32B: MUSICARES USES A THIRD PARTY VENDOR	TO PROVIDE	
GIFTS TO TALENT IN THE GIFTING LOUNGE FOR OUR "PERSON OF		
FUNDRAISING EVENT. IN ADDITION, MUSICARES USES AN AUCTION	HOUSE	<del></del>
(JULIEN'S AUCTIONS) TO SELL DONATED AUCTION ITEMS ON THE		<u>s</u>
BEHALF.		
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MUSICARES FOUNDATION, INC.

Employer identification number 95-4470909

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOCUSES THE RESOURCES AND ATTENTION OF THE MUSIC INDUSTRY ON HUMAN SERVICE ISSUES THAT DIRECTLY IMPACT THE HEALTH AND WELFARE OF THE MUSIC COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ALSO PROVIDES WORKSHOPS, SEMINARS, AND INDIVIDUAL CONSULTATIONS TO MEMBERS OF THE MUSIC COMMUNITY ON TOPICS RELATED TO GENERAL HEALTH AND HUMAN SERVICE NEEDS. IT ALSO PROVIDES IDEAS AND RESOURCES FOR PROACTIVELY ADDRESSING THOSE ISSUES.

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE IS COMPRISED SOLELY OF NO LESS THAN FOUR DIRECTORS AND WHOSE NUMBER SHALL BE FIXED FROM TIME TO TIME BY THE BOARD. THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE ELECTED TO A ONE-YEAR TERM BY VOTE OF THE MAJORITY OF THE ENTIRE BOARD AT THE ANNUAL MEETING OF THE BOARD (OR AT SUCH OTHER MEETING AS MAY BE SELECTED BY THE BOARD) ACTING UPON THE RECOMMENDATIONS OF THE NOMINATING COMMITTEE; PROVIDED, HOWEVER THAT THE CHAIR (WHO SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE), VICE CHAIR AND SECRETARY/TREASURER SHALL SERVE EX OFFICIO AS VOTING MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESIDENT SHALL SERVE EX OFFICIO AS A NON-VOTING MEMBER OF THE EXECUTIVE ADDITIONAL MEMBERS OF THE EXECUTIVE COMMITTEE MAY BE COMMITTEE. RECOMMENDED BY THE NOMINATING COMMITTEE FROM TIME TO TIME. DURING THOSE PERIODS WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO ACT WITH THE FULL AUTHORITY OF THE BOARD AND SHALL EXERCISE GENERAL SUPERVISION OF THE AFFAIRS OF FOUNDATION, AND IN ALL LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932211 02-03-10

Schedule O (Form 990) 2009

## SCHEDULE O (Form 990)

Supplemental Information to Form 990

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2009

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Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MUSICARES FOUNDATION, INC.

Employer identification number 95-4470909

EVENTS SHALL BE AUTHORIZED TO ADDRESS MATTERS OF A SENSITIVE, CONFIDENTIAL
NATURE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY DELOITTE
TAX, LLP, WORKING IN CONJUCTION WITH MUSICARES FOUNDATION INC.'S FINANCE
DEPARTMENT. THE DRAFT OF THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S
MANAGEMENT. THE INITIAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO MUSICARES
FOUNDATION INC.'S FINANCE COMMITTEE FOR THEIR REVIEW. ANY COMMENTS
RESULTING FROM THEIR REVIEW ARE INCORPORATED INTO THE FINAL FILING OF THE
FORM 990.
FORM 950:
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
AND QUESTIONNAIRE IS PRESENTED TO BOARD MEMBERS ON AN ANNUAL BASIS. THE
RESPONSES ARE MAINTAINED BY THE DIRECTOR OF CORPORATE CONTRACTS AND
CORPORATE SECRETARY OF THE RECORDING ACADEMY. THE CONFLICT OF INTEREST
POLICY IS MONITORED AND ENFORCED BY BOTH THE SENIOR VICE PRESIDENT AND THE
CHAIRPERSON OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15: ON A BI-ANNUAL BASIS, MANAGEMENT
PREPARES AN ANALYTICAL STUDY OF EXECUTIVE COMPENSATION THAT COMPARES THE
COMPENSATION PAID TO EXECUTIVES IN SIMILAR TAX-EXEMPT ORGANIZATIONS OF
SIMILAR ACTIVITIES AND SIZE, USING THE AMOUNTS REPORTED ON THE FORM 990 FOR
THESE SIMILAR ORGANIZATIONS. THE PROCESS IS MANAGED BY THE SENIOR VICE
PRESIDENT, WITH INPUT FROM OUR INDEPENDENT PUBLIC ACCOUNTING FIRM. THIS
STUDY IS THEN PROVIDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW.
THE PROCESS TO DETERMINE THE SENIOR VICE PRESIDENT'S COMPENSATION IS THE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

# SCHEDULE O

Supplemental Information to Form 990 (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public : Inspection

Name of the organization

MUSICARES FOUNDATION, INC. Employer identification number 95-4470909

SAME, AND IT IS OVERSEEN BY THE PRESIDENT AND CEO OF MUSICARES FOUNDATION IN CONSULTATION WITH THE CHAIR OF THE BOARD. THE PRESIDENT AND CEO OF MUSICARES FOUNDATION IS ALSO THE PRESIDENT AND CEO OF THE NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC. ("NARAS"), AN AFFILIATED BUT UNRELATED TAX EXEMPT ORGANIZATION FOR TAX PURPOSES. THE PRESIDENT AND CEO IS PAID ENTIRELY BY NARAS AND IS SUBJECT TO THE COMPENSATION POLICIES SET FORTH FOR THAT TAX EXEMPT ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, GA, IL, NY, PA, TN, NJ, FL, SC, AZ, UT, VA, WA, WV, WI, MI, MN, MS, NH, NM, ND, OH, OK, OR, RI CO, CT, ME, MD, MA, KS, AK, AR, NC, AL

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE INCLUDED IN FORM 990 THAT IS MADE AVAILABLE TO THE PUBLIC ON GUIDESTAR.ORG. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): A FUNDRAISING FIRM WAS HIRED TO MANAGE OUR 20TH ANNIVERSARY CAMPAIGN ACTIVITIES. A REPRESENTATIVE FROM THE FUNDRAISING FIRM WORKS OUT OF THE MUSICARES OFFICES, CONDUCTS SOLICITATION CALLS, LETTERS, AND MEETINGS FROM OUR OFFICES. WE PAY THE FIRM A MONTHLY RETAINER FOR THEIR SERVICES. EXPENSES RELATED TO THE 20TH CAMPAIGN ARE PAID DIRECTLY BY MUSICARES AND ALL CONTRIBUTIONS FOR THE 20TH CAMPAIGN ARE PAYABLE TO MUSICARES AND MAILED TO THE MUSICARES' OFFICES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

MUSICARES FOUNDATION, INC.

Employer identification number 95-4470909

SCHEDULE M, PART I, LINE 25 RENT CONTRIBUTION UGE UNDER THE TERMS OF A PREVIOUS LEASE AGREEMENT WITH THE NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC. ("NARAS"), NARAS LEASED OFFICE SPACE TO MUSICARES FOUNDATION, INC. WHEREBY MUSICARES FOUNDATION, INC. WAS CHARGED A BELOW-MARKET RATE FOR THE RENT AT THE THE EXCESS OF THE MARKET RATE ABOVE THE AMOUNT CORPORATE HEADQUARTERS. CHARGED IS CONSIDERED A RENT CONTRIBUTION, WHICH IS TREATED AS A NONCASH CONTRIBUTION PER THE FINANCIAL STATEMENTS. ON DECEMBER 15, 2009, NARAS PROPERTIES, INC., A SECTION 501(C)(2) TAX EXEMPT ORGANIZATION RELATED TO NARAS, PURCHASED THEIR CORPORATE HEADQUARTERS, WHEREBY MUSICARES FOUNDATION, INC. IS NOW A TENANT OF NARAS PROPERTIES, AFTER THE PURCHASE OF SAID BUILDING, NARAS PAYS ALL RENT ON INC. BEHALF OF MUSICARES FOUNDATION, INC. TO NARAS PROPERTIES, INC. AND TREATS IT AS A NONCASH CONTRIBUTION TO MUSICARES FOUNDATION, INC. FORM 990, PART IV, LINE 34 RELATED ORGANIZATION FOR GAAP PURPOSES, MUSICARES FOUNDATION, INC. IS AFFILIATED WITH NARAS, NARAS FOUNDATION, INC., GRAMMY MUSEUM FOUNDATION, INC., NARAS PROPERTIES, INC., AND THE LATIN ACADEMY OF RECORDING ARTS & SCIENCES ("LARAS"). HOWEVER, THERE IS NOT A MAJORITY BOARD OVERLAP BETWEEN MUSICARES FOUNDATION AND THESE OTHER EXEMPT ORGANIZATIONS. ACCORDINGLY, THESE ENTITIES ARE NOT TREATED AS RELATED ORGANIZATIONS FOR TAX PURPOSES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

Assot No.	Description	Date Acquired	Method	Life		Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction	
	MANAGEMENT AND GENERAL												
	COMPUTER EQUITEMENT	VARIESSL	178	000	16	64,242.			64/242	24 676.		A PL	7
2	OFFICE EQUIPMENT	VARIES		000	16	9,545.			9 545	9 2 2 E	TOP AND THE PARTY WITH		
	FURNITURE &	VARTESST		000:	i o	65,381.			•	- <b>KEE</b>		.0	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN	-				139 168	A contract of the contract of		000000000000000000000000000000000000000			\ <b></b> }	
	FIGRAND FOTAL 990					7		• 55000	139,168.	97,126.	0.0	16,663. 16,663.	
												A TOTAL CONTRACTOR	
828102 06-24-08					D) - Asi	(D) - Asset disposed	and second	* ITC. S	TIC. Section 179 Selvace	Pe Bonie Comm			

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Department of the Treasury Internal Rovenue Service (99)

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return. ➤ See separate instructions. Business or activity to which this form relates

990

CMB No. 1545-0172

Name(s) shown on return 95-4470909 FORM 990 PAGE 10 MUSICARES FOUNDATION, INC. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or loss, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ..... 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 . 15 15 Property subject to section 168(f)(1) election 16,663. 16 Other decreciation (including ACRS) Partill: MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check hare ........ Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (g) Depreciation deduction (a) Classification of property or placed 3-year property 19a 5-year property ь 7-year property c 10-year property đ 15-year property A 20-year property 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental property h 27.5 yrs. MM S/L 39 yrs. ММ S/L Nonresidential real property ì MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. SAL b 12-year 40 yrs. MM S/L 40-year

LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

16,663.

23

Summary (See instructions.)

Form 4562 (2009) MUSICARES FOUNDATION, INC. 95-4470909 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes J No (b) Date (c) (e) (a) Type of property M (i) (a) Business/ Basis for depreciation Elected Cost or Recover Method/ Depreciation placed in investment (business/investment (list vehicles first ) section 179 other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L. % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (f) (d) **(e)** 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No No Yes No Yes Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section R for the course

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amorization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2009 tax year.				
	: :				
	ı i				
Amortization of costs that began before	re your 2009 tax year			43	

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