Form	99	0
------	----	---

Forr	n 9 9	90								1	OMB No. 1545-0047
FUI					Organization E 527, or 4947(a)(1) of the In						2021
Depa	rtment	of the Treasury enue Service		► Do not e	nter social security numbers	s on this form as i	it may be mad	e public.			Open to Public Inspection
-			ndar	F Go to www year, or tax year begi	v.irs.gov/Form990 for instr nning 7/01		he latest inf and ending				, 20 2022
_		if applicable:		year, or lax year begin	11111 g //01	, 2021,	and ending	0/	-		ification number
-		ddress change	ΕA	RLY MUSIC FOUN	IDATTON THE					0185	
		ame change	10	WEST 68TH STE W YORK, NY 100	REET				E Telepho		
	In	itial return	212	-749	-6600						
	Fir	nal return/terminated									
	Ar	mended return							G Gross re	eceipts	\$ 208,692.
	Ap	pplication pending	,	Name and address of princip	al officer:			• •	a group retur		103 110
				ME AS C ABOVE		1 1		I(b) Are all If "No,	subordinates attach a list.	include See ins	d? Yes No structions.
<u> </u>		exempt status:		501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527				
J K	-			EARLYMUSICNY.O					exemption nu		
Pa		n of organization: Summa		Corporation Trust	Association Other ►	L	Year of formatio	n: 197	5 111 5	tate of I	egal domicile: NY
Гa	1			he organization's miss	sion or most significant	activities: ENF	IANCE PU	BLTC	KNOWLE	DGE.	
ъ					IATION OF MUSIC						TO THE 18TH
anc		CENTURI	ES.								
Governance	•										
Gov	2 3	Check this b Number of v			on discontinued its oper erning body (Part VI, lin					net as	sets. 6
					rs of the governing body					4	6
Activities &	5				n calendar year 2021 (F					5	3
stivi					necessary)					6	4
Ä					Part VIII, column (C), I from Form 990-T, Part					7a 7b	0.
	ŭ	ivel unrelate	u bu		IIOIII FOIIII 990-1, Fait	. 1, 11110 1 1		1	Prior Year	70	0 . Current Year
	8	Contribution	s and	d grants (Part VIII, line	e 1h)				137,7	36	182,031.
anı					e 2g)				4,6		26,661.
Revenue					A), lines 3, 4, and 7d).				•		
č					nes 5, 6d, 8c, 9c, 10c,				9,9		
	12				(must equal Part VIII, IX, column (A), lines 1				152,2	92.	208,692.
	13 14				X, column (A), line 4).	,					
				•	e benefits (Part IX, col				26,2	10	37,450.
ses					column (A), line 11e)				20,2	40.	57,430.
Expense				expenses (Part IX, co							
EX					ines 11a-11d, 11f-24e).		9,903.		E 2 7	0.2	152 254
	18	•			equal Part IX, column				<u>52,7</u> 79,0		<u> 153,254.</u> 190,704.
					18 from line 12				73,2		17,988.
5 8		110101100100	0 0/1					Beginni	ng of Curren		End of Year
lanc	20	Total assets	(Par	t X, line 16)				Deginin	175,8		202,749.
Net Assets or Fund Balances	21	Total liabiliti	es (F	Part X, line 26)					9,9		18,806.
Fun	22	Net assets o	or fur	id balances. Subtract I	ine 21 from line 20				165,9	55.	183,943.
Pa	rt II	Signatu	re E	Block							
Unde	r penal lete. D	Ities of perjury, I o eclaration of prep	declare arer (e that I have examined this ret other than officer) is based on	urn, including accompanying so all information of which prepar	chedules and stater rer has any knowled	ments, and to th dge.	e best of n	ny knowledge	and beli	ef, it is true, correct, and
							5				
Sig	n	Signat	ure of	officer				Da	ate		
He		► EDW	IARI	D B. WHITNEY				PRES	IDENT		
				t name and title							
_		Print/Type	prepa	rer's name	Preparer's signature		Date		Check	if	PTIN
Pai	d	JONAT	HAN	FRANCIS CPA	JONATHAN FRAN		self-employed P00294110				
Pre	pare	er Firm's nam	ne		MPANY CERTIFIE	D PUBLIC .	ACCOUNT	ING	1		
Us	e On	Firm's add	ress	► <u>127 WOODSIDE</u>					Firm's EIN		-2975384
				BRIARCLIFF M	ANOR, NY 10510				Phone no.	(91)	4) 488-5727

	BRIARCLIFF MANOR, NY 10510	Phone no. (914)	488-5727
May the IRS of	liscuss this return with the preparer shown above? See instructions .		X Yes No
BAA For Pap	erwork Reduction Act Notice, see the separate instructions.	TEEA0101L 09/22/21	Form 990 (2021)

Form 99			OUNDATION, IN			51-01859	30 Page 2
Part II			Service Accomp				
				e to any line in this Par	t III		
	riefly describe the or	-					
_					ECIATION OF MUSI	<u>C_AND_MUSI</u>	C-DRAMA
F	ROM THE 11TH	TO THE 1	18TH CENTURIE	<u>S</u>			
_							
0 0				· · · · · · · · · · · · · · · · · · ·			
	orm 990 or 990-EZ?				ch were not listed on the pr		Vec V Ne
	"Yes," describe these					·····	Yes X No
				ant changes in how it (conducts, any program se	ervices?	Yes X No
	"Yes," describe these				sonauous, any program se		
		-		ments for each of its t	hree largest program serv	vices, as measur	ed by expenses.
Se	ection 501(c)(3) and	501(c)(4) or	anizations are requi	red to report the amou	nt of grants and allocation	ns to others, the	total expenses,
an	nd revenue, if any, fo	or eacn progr	am service reported.				
• (0		- ^		· · · · · · · · · · · · · · · · · · ·			
4 a (C		Expenses \$	/	including grants of		Revenue \$	208,692.)
					ES OF THE HIGHES		QUALITY
A	ND SCHOLARSH	IP AND PI	RESERVATION T	HROUGH RECORDIT	NGS AND OTHER ME	DIA	
_							
_							
_							
—							
_							
_							
-							
-							
—							
4 b (C	code:) (Expenses \$		including grants of	5)(6	Revenue \$)
	/(including grante er i	/ (.		/
_							
-							
-							
_							
-							
_							
_							
_							
_							
_							
_							
4 c (C	Code:) (l	Expenses \$		including grants of	S) (F	Revenue \$)
_							
_							
_							
_							
-							
_			_			_	
_			_			_	
_							
_							
_					·		
	ther program service	es (Describe o					
(E	xpenses \$		including gran	ts of \$) (Revenue \$)
	otal program service	expenses •	• 141	,711.			Form 000 (0001)
BAA				TEEA0102L 09/22/21			Form 990 (2021)

 Form 990 (2021)
 EARLY MUSIC FOUNDATION,

 Part IV
 Checklist of Required Schedules
 INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11 a	х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	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	11 c		Х
C	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.	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
RΔΔ	TEFA01031 09/22/21	Form	990	(2021)

n 990 (2021)	EARLY	MUSTC	FOUNDATION.

В

Form 990 (2021) EARLY MUSIC FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

1 a	Checkist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No 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	22		Х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	23 24a		X
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X X
31		31		~
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	· No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1 a37b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	Х	
BAA	(gambling) winnings to prize winners?	1 c Form	л 990 (2021)

51-0185930 Page 4

Form	n 990 (2021			FOUNDATIO					51-018593	0	Ρ	age 5
Par	t V	Statemen	ts Rega	rding Other	IRS Fi	lings and 1	Fax Compliance (continu	ed)			
											Yes	No
2 a	Enter the ments, file	number of e ed for the ca	mployees lendar yea	reported on Fo r ending with c	rm W-3, or within	Transmittal of the year cover	of Wage and Tax State ered by this return	e- 2a	3			
b		•			-		uired federal employm		returns?	2 b	Х	
_				-	-	-	to e-file. See instruction					V
		-		-			0 or more during the y			3a		Х
				-		-	on Schedule 0			3 b		
	financial a	account in a	foreign co	untry (such as	a bank a	ave an interes account, secu	st in, or a signature or o rrities account, or othe	ther auth r financia	ority over, a al account)?	4a		Х
b				oreign country	-		·					
5 -							oreign Bank and Financ at any time during the			5a		X
		-		•			to a prohibited tax sh	-		5a 5b		X
	-		-	-						50 5c		Λ
				-			greater than \$100,000 ontributions?			6a		Х
	If 'Yes.' did	d the organiza	tion includ	e with everv soli	citation a	an express sta	tement that such contrib	outions or	aifts were			
7				deductible cor			tion 170(c)			6 b		
	Did the or	ganization re	eceive a pa	avment in exce	ss of \$7	5 made partly	v as a contribution and	d partly f	or goods and			
										7 a		Х
	-	0		5		0	ds or services provide			7 b		
	Form 8282	2?					onal property for which			7 c		Х
							·····			_		v
		-	-	-			premiums on a person			7e 7f		X X
		-	-			-	rectly, on a personal b			71		Λ
~	as require	ed?		· · · · · · · · · · · · · · · · · · ·			v, did the organization fil			7 g		
	Form 1098	8-C?					or other vehicles, did t			7 h		
8				-			or advised fund maintain /ear?	-		8		
9	Sponsori	ng organizat	ions main	taining donor a	advised	funds.						
а	Did the sp	onsoring org	ganization	make any taxa	ble distr	ibutions unde	er section 4966?			9 a		
b	Did the sp	onsoring org	ganization	make a distrib	ution to a	a donor, dono	or advisor, or related p	erson?		9 b		
		01(c)(7) orga										
		•										
		•			, line 12	, for public u	se of club facilities	. 10b				
		01(c)(12) org						1 1				
								. 11 a				
	against ar	mounts due o	or received	,								
							filing Form 990 in lieu	1 1	n 1041?	12a		
				•			d during the year	. 12b				
				profit health in			han ana atata?			12.		
a	Ũ			•	•		han one state? n must report on Sche			13a		
h						0	•					
							n by the states in					
							es during the tax year			14a		Х
		-	-			÷	ovide an explanation o			14a 14b		
				·			more than \$1,000,000					<u> </u>
15	excess pa	irachute payı	nent(s) du							15		Х
16	Is the orga	anization an	education	al institution su			968 excise tax on net	investm	ent income?	16		Х
17		omplete Forr			الحريقية	au alifis dus						
17	activities f		sult in the				son, or mine operator ection 4951, 4952, or			17		

I	b Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2				
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	5		Л
-	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following: a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	Λ	
5	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	le Co	de.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.	12c		Х
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X
I	b Other officers or key employees of the organization.	15 b		Х
16	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
I	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure	100		1
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s on	ıly)
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	DANIEL GUSS 10 WEST 68TH STREET NEW YORK NY 10023 212-749-6600			
BAA	TEEA0106L 09/22/21	Form	9 90 ((2021)

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on

Check if Schedule O contains a response or note to any line in this Part VI.

Schedule O. See instructions.

1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

authority to an executive committee or similar committee, explain on Schedule O.

Section A. Governing Body and Management

51-0185930

6

1 a

Х

No

Yes

Form 990 (2021) EARLY MUSIC FOUNDATION, INC.	51-0185930	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors		·							
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A) Name and title	(B) Average hours per	director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) DANIEL GUSS	35									
GENERAL MANAGER	0				Х			41,140.	0.	0.
(2) FREDERICK F. RENZ	5									
DIRECTOR	0	Х						1,950.	0.	0.
(3) AUDREY BOUGHTON	1									
TRUSTEE	0	Х						0.	0.	0.
(4) PAMELA MORTON	1									
SECRETARY	0	Х						0.	0.	0.
(5) MARSHA PALANCI	1									
TRUSTEE	0	Х						0.	0.	0.
(6) HOYT SPELMAN	1									
TRUSTEE	0	Х						0.	0.	0.
(7) PETER DEL. SWORDS	1									
TREASURER	0	Х						0.	0.	0.
(8) EDWARD B. WHITNEY	1									
PRESIDENT	0	Х						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										
ВАА	TEEA0	107L	09/22	2/21	I	1	I	l		Form 990 (2021)

Form	990 (2021) EARLY MUSIC FOUNDATION,	INC.								51-018593		age 8	
Pai	t VII Section A. Officers, Directors, Tru		Key	Em	-	-	es, a	anc	l Highest Com	pensated Emp	oyees (con	tinued)	
	(A) Name and title	(B) Average hours per week	box	, unles	neck ss pe	sition more erson directo	than c is both pr/trust	ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated ar of other		
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-21099- MISC/1099-NEC)	compensation the organization and relate organization	n from ation ed	
(15)			•										
(16)													
(17)			•										
(18)													
(19)			•										
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Subtotal								43,090.	0.		0.	
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								<u> </u>	0.		0.	
	Total number of individuals (including but not limited							/ed			ensation	0.	
	from the organization b 0										N ₂		
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for sucl	tor, truste h individu	ee, ke	ey en	nplo	oyee	, or ł	nigh	nest compensated	employee	Yes	No X	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpei)0? /	nsa If 'Y	tion ′ <i>es,</i> ′	and <i>com</i>	othe plet	er compensation te Schedule J for	from			
5	such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes										. 4	X	
	tor services rendered to the organization? If 'Yes	; comple	ete Sc	chedi	ule .	J TOI	r suci	n pe	erson		5	Х	
1	Complete this table for your five highest compens compensation from the organization. Report compension	sated ind	epen the c	dent	cor lar v	ntrac	tors	tha	t received more the or	nan \$100,000 of ganization's tax year			
	(A) Name and business addr					your	onun	ig i	(B) Description	Ī	(C) Compensation		
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o thos	se li	isted	abov	/e) \	who received more	than			

Form 990 (2021) EARLY MUSIC FOUNDATION, INC. Part VIII Statement of Revenue

51-0185930

Page 9

Par	t V	III Statement of Check if Schedul		a resp	oonse or note to any	line in this Part VI	11		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
ង៍ ភ	1 a	a Federated campaig		1 a					
jā j	Ł	Membership dues.		1 b					
N E	C	Fundraising events.		1 c					
Contributions, Gifts, Grants, and Other Similar Amounts	C	Related organizatio		1 d					
	e f	e Government grants (cont All other contributions, g		1 e	97,308.				
		similar amounts not inclu	uded above	1 f	84,723.				
	ç	g Noncash contributions in lines 1a-1f		1 g					
a õ	ł	Total. Add lines 1a-		-		182,031.			
ue					Business Code				
Program Service Revenue		<u>CONCERT_TICK</u>				21,379.	21,379.		
e Re		<u>MUSIC CD SAL</u>	L <u>ES</u>			5,282.	5,282.		
rvic	0	;							
နို									
Jran	f	All other program s	service revenu						
Š		g Total. Add lines 2a-			►	26,661.			
	3	Investment income (i	including divid	ends, i	interest, and	,			
	_	other similar amour	nts)		▶				
	4	Income from invest		•					
	5	Royalties	(i) R		(ii) Personal				
	6 a	a Gross rents	6a		(ii) i oroonai				
			6b						
	C	c Rental income or (loss)	6c						
	c	Net rental income c	or (loss)		►				
	7 a	a Gross amount from	(i) Secu	urities	(ii) Other				
			7a						
	Ł	Less: cost or other basis	7b						
		I	7 c						
		Net gain or (loss)			▶				
ø	8 a	a Gross income from fundr	raising events	Γ					
ñ		(not including \$	·						
Other Revenue		of contributions reported							
л Т	L	See Part IV, line 18 Less: direct expens		8					
the second		Net income or (loss		-	-				
<u>о</u>									
	92	a Gross income from gamin See Part IV, line 19		9	a				
	Ł	Less: direct expens	ses	9	b				
	C	: Net income or (loss	s) from gamin	ig activ	vities ►				
	10 a	a Gross sales of inventory, returns and allowances.	, less						
		returns and allowances Less: cost of goods		10 10					
		Net income or (loss							
			.,	2	Business Code				
a	11 a	a							
nu	11 a b c)							
eve 8	C	·							
Revenue									
		Total. Add lines 11a				000.000			-
<u>^ </u>	12	Total revenue. See	INSTRUCTIONS .		►	208,692.	26,661.	0.	Eorm 990 (20)

of line 25, column (A), amount, list line 24e expenses on Schedule O.)		
a production/performance costs	17,558.	
b LEGAL & PROFESSIONAL FEES	7,151.	
c TELEPHONE & INTERNET	6,388.	
d <u>UNREALIZED_LOSS_ON_SECURITIES</u>	3,832.	
e All other expenses	5,576.	
25 Total functional expenses. Add lines 1 through 24e	190,704.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		
ВАА	TEEA0110L 09	/22/21

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contain				Х
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and	16			
4 Benefits paid to or for members				
5 Compensation of current officers, directors trustees, and key employees		19,764.	2,471.	11,048.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,167.	2,474.	309.	1,384.
11 Fees for services (nonemployees):				
a Management		12,382.	8,474.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, colu (A), amount, list line 11g expenses on Schedule OSC	$H_{\rm H}^{\rm mn}$ 57,724.	57,724.		
12 Advertising and promotion		11,299.		
13 Office expenses	1,139.	380.	380.	379.
14 Information technology	/	490.	490.	490.
15 Royalties				
16 Occupancy	/	10,409.	3,123.	3,817.
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.		401.	151.	151.
23 Insurance	2,209.	1,196.	863.	151.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).		1,190.		150.
a PRODUCTION/PERFORMANCE COSTS	17,558.	17,558.		
b <u>LEGAL & PROFESSIONAL FEES</u>	7,151.		7,151.	
C TELEPHONE & INTERNET	6,388.	1,917.	3,833.	638.
d <u>UNREALIZED LOSS ON SECURITIES</u>	3,832.	1,278.	1,277.	1,277.
e All other expenses.		4,439.	568.	569.
25 Total functional expenses. Add lines 1 through 24e.	190,704.	141,711.	29,090.	19,903.
	1			

Sec

Form 990 (2021) EARLY MUSIC FOUNDATION, INC.

E1_	<u>1</u>	85930	
- n i =		0 7 9 10	

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing			122,628.	1	178,473
2	Savings and temporary cash investments			1,095.	2	1,095
3	Pledges and grants receivable, net			39,250.	3	3,600
4	Accounts receivable, net			23.	4	3,426
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, l contribut rsons	director, or, or 35%		5	
6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
7	Notes and loans receivable, net.				7	
8	Inventories for sale or use			3,619.	8	5,542
9	Prepaid expenses and deferred charges			6,097.	9	4,577
-	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	I I		0,001	_	1,011
1	b Less: accumulated depreciation	10b	19,116.	2,145.	10 c	3,709
11	Investments – publicly traded securities			2/110.	11	1,327
12	Investments – other securities. See Part IV, line 11				12	1/01/
13	Investments – program-related. See Part IV, line 11.				13	
14	Intangible assets.		-		14	
15	Other assets. See Part IV, line 11			1,000.	15	1,000
16	Total assets. Add lines 1 through 15 (must equal line			175,857.	16	202,749
17	Accounts payable and accrued expenses	9,902.	17	8,316		
18	Grants payable			18		
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete Part I				21	
22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	utor, or 35	5007, trustee, 5%		22	
23	Secured mortgages and notes payable to unrelated th	nird partie	S		23	
24	Unsecured notes and loans payable to unrelated third	I parties			24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relat plete Par	ed third parties, t X of Schedule D.		25	10,490
26	Total liabilities. Add lines 17 through 25			9,902.	26	18,806
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥► ∑	K			
27	Net assets without donor restrictions			147,955.	27	183,943
28	Net assets with donor restrictions			18,000.	28	
	Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipm				30	
31	Retained earnings, endowment, accumulated income,				31	
32	Total net assets or fund balances			165,955.	32	183,943

Forr	n 990 (2021) EARLY MUSIC FOUNDATION, INC. 51-	0185930		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20)8,6	592.
2	Total expenses (must equal Part IX, column (A), line 25)	2			704.
3	Revenue less expenses. Subtract line 2 from line 1	3			988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			955.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18	33,9	943.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	on Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
I	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat	ate			
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain		20		
	on Schedule O.				
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		•		
	Audit Act and OMB Circular A-133?		3a		X
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		⊦orm	990	(2021)

SCHEDULE /	Α
(Form 990)	

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2021
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information.						
Name o	f the	organization	1					Employer identifica	ition number	
EAR	LY		UNDATION,					51-018593		
Part					organizations must			1 1	tions.	
The o	rgai		•		: (For lines 1 through 12		2	,		
1					churches described in sec		(b)(1)(A)	(i).		
2					Attach Schedule E (Form					
3		•	•		anization described in se					
4			-		njunction with a hospital				nter the hospital's	
_		name, city, a								
5				the benefit of a colomplete Part II.)	llege or university owned	d or oper	ated by	a governmental unit de	escribed in	
6		A federal, sta	ate, or local gov	ernment or governn	nental unit described in	section [*]	1 70(b)(1))(A)(v).		
7		An organization in section 17	on that normally r 0(b)(1)(A)(vi). (receives a substantia Complete Part II.)	I part of its support from a	governm	iental un	it or from the general put	blic described	
8		A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	\square				ection 170(b)(1)(A)(ix) ope					
					ure (see instructions). Ente			and state of the college of	or	
	_	university:								
10	Χ	from activitie investment in	s related to its a come and unre	exempt functions, s	than 33-1/3% of its sup ubject to certain exception ble income (less section e Part III.)	ons; and	(2) no i	more than 33-1/3% of it	s support from gross	
11		An organizati	ion organized a	nd operated exclusi	vely to test for public sa	fety. See	section	n 509(a)(4).		
12		or more publi	icly supported o	organizations descril	vely for the benefit of, to bed in section 509(a)(1) supporting organization	or section	on 509(a)(2). See section 509(a)	ut the purposes of one)(3). Check the box on	
а		Type I. A support	orting organizati	on operated, supervis	sed, or controlled by its su ect a majority of the directed	pported o	organizat	ion(s), typically by giving	the supported on. You must	
b		management	pporting organiz of the supporting e te Part IV, Sect	organization vested	r controlled in connection in the same persons that	n with its control or	support	ted organization(s), by the supported organizat	having control or ion(s). You	
С		Type III function organization(onally integrated s) (see instructi	. A supporting organizions). You must cor	zation operated in connection mathematic mathematication operated in the mathematication of the mathematicationo o	on with, a A, D, an	nd functi d E.	onally integrated with, its	supported	
d		functionally in	ntegrated. The c	proanization genera	organization operated in co Ily must satisfy a distribu ons A and D, and Part V	ution rea	with its : uiremen	supported organization(s) t and an attentiveness	that is not requirement (see	
е					itten determination from		that it is	s a Type I, Type II, Type	e III functionally	
f	Fn				d supporting organizatio					
u u	Pro	ovide the follo	wing informatio	n about the support	ted organization(s).					
		me of supported of		(ii) EIN	(iii) Type of organization	1	Is the	(v) Amount of monetary	(vi) Amount of other	
					(described on lines 1-10 above (see instructions))	organiza in your g	tion listed governing ment?	support (see instructions)	support (see instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										

EARLY MUSIC FOUNDATION, INC.

51-0185930

Page 2

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

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

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support.Subtract line 5from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	ear (or fiscal year (a) 2017		(b) 2018 (c) 2019 (d) 2020		(e) 2021	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see in	structions)			12		
13	First 5 years. If the Form 990 is organization, check this box and						►	
Sec	tion C. Computation of Pu	blic Support F	Percentage					
	Public support percentage for 20			ine 11, column (f))	14	%	
15	Public support percentage from	2020 Schedule A	Part II, line 14			15	%	
16a	33-1/3% support test–2021. If t and stop here. The organization	he organization d qualifies as a pu	id not check the b blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box ►	
b	33-1/3% support test–2020. If th and stop here. The organization	ne organization di n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box ·····►	
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	s test, check this I	box and stop here	. Explain in Part V	/I how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances t	nd-circumstances est. The organiza	s test, check this I tion qualifies as a	box and stop here publicly supporte	e. Explain in Part Ved organization.	/I how the►	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions 🕨	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.')... 128,875 145,835 195,061 138,468 181,772 790,011. 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... 73,302 77,779 61,158 4,656 26,920 243,815. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... Ω Total. Add lines 1 through 5... 202,177 223,614 256,219 143,124 208,692 1 033 826. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 0 0 0 0. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... 0 0 0 0 0. 0 c Add lines 7a and 7b.... 0 0 0 0 0 0. 8 Public support. (Subtract line 7c from line 6.). 1,033,826. Section B. Total Support (c) 2019 (e) 2021 (a) 2017 (b) 2018 (d) 2020 Calendar year (or fiscal year beginning in) ► (f) Total 9 Amounts from line 6..... 202,177 223,614 256,219 143,124. 208,692 1,033,826. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 785 785. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b 0 0 785 0. 0 785. 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.)... 13 Total support. (Add lines 9, 202,177. 223,614. 10c, 11, and 12.)..... 257,004. 143,124. 208,692. 1,034,611. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))..... % 15 99.92 16 Public support percentage from 2020 Schedule A, Part III, line 15..... 16 99.92 Ŷ Section D. Computation of Investment Income Percentage 0.08 % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))..... 17 0\0 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 18 0.08 19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. **b** 33-1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and ► line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

EARLY MUSIC FOUNDATION, INC.

		-	
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below			
the governing body of a supported organization?	, 11a		
b A family member of a person described on line 11a above?	11b		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

Yes

Yes

No

No

1

2

No

 Schedule A (Form 990) 2021
 EARLY MUSIC FOUNDATION, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gro income or for management, conservation, or maintenance of property held for production of income (see instructions)	ss 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for sl tax year or assets held for part of year):	nort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	on is responsive (provide	details		
9	in Part VI). See instructions.			8	
	Distributable amount for 2021 from Section C, line 6			10	
	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
-	From 2019				
	Prom 2020				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
C	Excess from 2020				
-	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 9	90) 2021 EARLY	MUSIC FOUNDAT	ON, INC.	51-0185930	Page 8
B 3	Supplemental Information I, line 12; Part IV, Section A, lin , lines 1 and 2; Part IV, Section a, and 3b; Part V, line 1; Part V, nes 2, 5, and 6. Also complete t	ı C, line 1; Part IV, Sectic , Section B, line 1e; Part	n D, lines 2 and 3; Part V, Section D, lines 5, 6,	and 8; and Part V, Section E,	

Schedule B (Form 990)

Schedule of Contributor	'S
Attach to Form 990 or Form 990-PF.	

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

OMB No. 1545-0047

epartment of the Treasury	
ternal Revenue Service	

Nar

Name of the organization		Employer identification number
EARLY MUSIC FOUNDATION, IN	NC.	51-0185930
Organization type (shack and):		

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)	1 2	Page 2
Name of organization	Employer identification number	
EARLY MUSIC FOUNDATION, INC.	51-0185930	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	APPLEBY FOUNDATION		Person X
	1515 RINGLING BLVD	\$6,000.	Payroll Noncash
	SARASOTA, FL 34236		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	E. NAKAMICHI FOUNDATION		Person X Payroll
	10736_JEFFERSON_BLVD	\$ <u>\$7,000</u> .	Noncash
	CULVER CITY, CA 90230		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GLADYS_KRIEBLE_DELMAS_FOUNDATION		Person X
	275 MADISON AVENUE	\$ <u>\$,000.</u>	Payroll Noncash
	NEW YORK, NY 10016		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DOCTOROW FAMILY FOUNDATION		Person X
4	DOCTOROW FAMILY FOUNDATION 2257 SOUTH 1100 EAST	 \$\$15,000.	Person X Payroll Noncash
4	[\$ <u>15,000.</u>	Payroll
 (a) No.	2257_SOUTH_1100_EAST	 \$15,000. Total contributions	Payroll Noncash (Complete Part II for
	2257 SOUTH 1100 EAST SALT LAKE CITY, UT 84106 (b)		Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) No.	2257_SOUTH_1100_EAST SALT_LAKE_CITY,_UT_84106 Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	2257 SOUTH 1100 EAST SALT LAKE CITY, UT 84106 (b) Name, address, and ZIP + 4 HORACE W. GOLDSMITH FOUNDATION	(c) Total contributions	Payroll
(a) No.	2257_SOUTH_1100_EAST SALT_LAKE_CITY, UT_84106 Name, address, and ZIP + 4 HORACE_WGOLDSMITH_FOUNDATION 375_PARK_AVENUE	(c) Total contributions	Payroll
(a) No.	2257_SOUTH_1100_EAST SALT_LAKE_CITY, UT_84106 Name, address, and ZIP + 4 HORACE_WGOLDSMITH_FOUNDATION 375_PARK_AVENUE NEW_YORK, NY_10152 (b)	(c) Total contributions	Payroll
(a) No. 5 (a) No.	2257_SOUTH_1100_EAST SALT_LAKE_CITY, UT_84106 Name, address, and ZIP + 4 HORACE W. GOLDSMITH FOUNDATION 375_PARK_AVENUE NEW_YORK, NY_10152 Name, address, and ZIP + 4	(c) Total contributions	Payroll
(a) No. 5 (a) No.	2257_SOUTH_1100_EAST	(c) Total contributions 	Payroll

Schedule B (Form 990) (2021)	2	2	Page 2
Name of organization	Employer identification number	r	
EARLY MUSIC FOUNDATION, INC.	51-0185930		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	FAN FOX AND LESLIE R. SAMUELS FOUND 275 MADISON AVENUE NEW YORK, NY 10016	\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	1	1	Page 3
Name of organization	Employer identi	fication nur	nber
EARLY MUSIC FOUNDATION, INC.	51-01859	30	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		_	
		-\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - s	
	<u> </u>		– – – – – – – – – – B (Form 990) (202

	B (Form 990) (2021)			1 1 Page 4
Name of orga EARLY	anization MUSIC FOUNDATION, INC.			Employer identification number 51-0185930
Part III		the year from any one contril completing Part III, enter the tota (Enter this information once. S	butor. Comple al of <i>exclusiv</i> e	described in section 501(c)(7), (8), te columns (a) through (e) and <i>ely</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	<u>N/A</u>			
		(e) Transfer of gif		
	Transferee's name, addres	ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	 			
	Transferee's name, addres	(e) Transfer of gif		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, addres	ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gif ss, and ZIP + 4		ationship of transferor to transferee
BAA	-	TEEA0704L 10/06/21		Schedule B (Form 990) (2021)

SC	HEDULE D	Sup	plemental Financial St	atements			OMB No. 1545-0047		
	rm 990)	► Complet	te if the organization answered '\ 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	es' on Form 990	, 2b.		202		
Depai Intern	tment of the Treasury al Revenue Service	► Go to www.irs	Attach to Form 990. s.gov/Form990 for instructions an	d the latest infor	mation.		Open to Public Inspection		
_	Name of the organization Employer								
EAI		UNDATION, INC.				51-018	5930		
Pai	t I Organizat	tions Maintaining Dong	or Advised Funds or Other wered 'Yes' on Form 990, F	Similar Funds	s or Acc	counts.			
	oompiete	In the organization and	(a) Donor advised fun			unds and	other accour	nte	
1	Total number at e	end of year		lus	(0)	unus anu		11.5	
2		ntributions to (during year).							
3		ints from (during year).							
4	Aggregate value a	at end of year							
5	Did the organizati are the organizati	ion inform all donors and dor ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal col	sets held in dono ntrol?	r advised	funds	Yes	No	
6	Did the organizati	ion inform all grantees, dong	prs, and donor advisors in writing	that grant funds of	can be us	ed only			
	impermissible pri	poses and not for the benefit vate benefit?	t of the donor or donor advisor, o	r for any other pu	irpose cor		Yes	No	
Pa	t II Conserva	tion Easements.							
			wered 'Yes' on Form 990, F						
1			y the organization (check all that						
		of land for public use (for exam	ple, recreation or education)	Preservation		5 1		area	
		natural habitat		Preservation	of a certi	fied histori	c structure		
•		of open space							
2	last day of the tax		held a qualified conservation contrib	ution in the form o			End of the	Tax Year	
	a Total number of c	conservation easements			2a .				
			ments		2 b				
	-	-	ified historic structure included in		2 c				
	Number of consei structure listed in	rvation easements included i the National Register	in (c) acquired after 7/25/06, and	not on a historic	2 d				
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or	terminated by the	organizatio	on during th	е		
4	Number of states v	where property subject to conse	ervation easement is located ►						
5	Does the organization and enforcement	ation have a written policy re of the conservation easeme	egarding the periodic monitoring, in the network of	inspection, handli	ing of viol	ations,	Yes	No	
6	Staff and volunteer ►	r hours devoted to monitoring,	inspecting, handling of violations, and	nd enforcing conse	ervation ea	sements dı	iring the year		
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservati	on easem	ents during	the year		
8	and section 170(h	ı)(4)(B)(ii)?	n line 2(d) above satisfy the requ				Yes	No	
9	In Part XIII, descr include, if applica conservation ease	able, the text of the footnote	oorts conservation easements in i to the organization's financial sta	ts revenue and e tements that des	xpense st cribes the	atement a organizati	nd balance s on's accoun	sheet, and ting for	
Pa	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Tr wered 'Yes' on Form 990, F	easures, or O Part IV, line 8.	ther Sin	nilar Ass	ets.		
1;	historical treasure	es, or other similar assets he	er FASB ASC 958, not to report in eld for public exhibition, education al statements that describes these	i, or research in f	ement and urtheranc	l balance s e of public	heet works service, pro	of art, wide in	
I	following amounts	s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or re				t works of an provide the	rt,	
	••		line 1						
r	.,		historiaal traccurac, or other cimiler			+	owing	-	
2			historical treasures, or other similar ASC 958 relating to these items: a 1				lowing		
			e Instructions for Form 990.				ule D (Form	990) 2021	

BAA	For Paperwork	Reduction	Act Notice,	see the	Instructions	for Form	99
-----	---------------	-----------	-------------	---------	--------------	----------	----

Schedule D (Form 990) 2021 EARLY					51-0185		Page 2
Part III Organizations Mainta	ining Colle	ctions of A	rt, Historica	I Treasures, or (Other Similar Asso	ets (continu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other records		-	ke significant use of its o	collection	
a Public exhibition		d	Loan or ex	change program			
b Scholarly research		e	Other				
 c Preservation for future gener Provide a description of the organiz 		ions and explair	n how they furth	er the organization's	exempt purpose in		
Part XIII.			6				
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rather the sold	tion solicit or han to be ma	receive donati intained as par	ons of art, his t of the organ	torical treasures, or zation's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodia						m 990. Par	
line 9, or reported an	amount on	Form 990,	Part X, line	21.			,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other inte	rmediary for c	ontributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement					L	L	_
						Amount	
c Beginning balance					. 1c		
d Additions during the year					. 1d		
e Distributions during the year					. 1e		
f Ending balance					. 1f		
2 a Did the organization include an a	mount on Fo	rm 990, Part X	, line 21, for e	scrow or custodial a	ccount liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here if t	he explanation	n has been provided	on Part XIII		
						<u> </u>	_
Part V Endowment Funds. C	omplete if	the organiza	ation answe	red 'Yes' on For	<u>m 990, Part IV, lin</u>	e 10.	
	(a) Current	year (I	o) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance		nt upper and ha	lance (line 1a				
2 Provide the estimated percentag		nt year end ba	nance (inte ig	, column (a)) neid as	5.		
a Board designated or quasi-endowm	ent 🖻		ō				
b Permanent endowment ►	^0						
c Term endowment ►	-0	augl 1000/					
The percentages on lines 2a, 2b, a	na ze snoula e	qual 100%.					
3a Are there endowment funds not in t	he possession	of the organiza	ition that are he	eld and administered f	or the	Yes	No
organization by: (i) Unrelated organizations						r +	No
(i) Related organizations						3a(i)	
b If 'Yes' on line 3a(ii), are the rela						3a(ii) 3b	
4 Describe in Part XIII the intended						30	
		-		inus.			
Part VI Land, Buildings, and Complete if the organ			on Form O	0 Port IV line	112 Soo Form 00(Dort V li	20.10
Description of property		(a) Cost or oth (investme	er basis (t ent)) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment				22,825.	19,116.	3	,709.
e Other							
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990,	Part X, colun	nn (B), line 10c.)			,709.
BAA					Schedu	ule D (Form 990	I) 2021

Schedule E	O (Form 990) 2021 EARLY MUSIC FOUND	ATION,	INC.		51-018593	30 Page 3
Part VII	Investments – Other Securities.			N/A		
	Complete if the organization answere					
	ription of security or category (including name of security)	(b)	Book value	(c) Method of valuation	on: Cost or end-of-year	market value
	al derivatives					
• • •	held equity interests					
(3) Other		-				
$\frac{(A)}{(B)}$		_				
(B) (C)		-				
(D)		_				<u> </u>
(E) (E)		-				
<u>(F)</u>		_				
<u> </u>		-				
<u>(H)</u>						
()		-				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨	•				
Part VIII	Investments – Program Related.			N/A		
	Complete if the organization answered					
(1)	(a) Description of investment	(a) B	ook value	(c) Method of valuation	. Cost or end-of-ye	ear market value
(1)						
(2)						
(3)						<u> </u>
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, column (B) line 13.) 🕨					
Part IX	Other Assets. Complete if the organization answered	d 'Vac' a	N/A	Dort IV line 11d S	Coo Earm 000	Dart V lina 15
	· · ·	escription	990	, Fait IV, III E TIU. C		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
Total. (Co	lumn (b) must equal Form 990, Part X, column	(B) line 15	.)		•••••	
Part X	Other Liabilities.	F 000	D I IV/ I: 11			
1	Complete if the organization answered 'Yes' on			e or 11f. See Form 990, P	,	b) Book volue
1. (1) Feder	ral income taxes	ription of I	lability		(b) Book value
	ARNED REVENUE					10,490.
(3)						10/1001
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
(11)						
	nn (b) must equal Form 990, Part X, column (B) line 25.)					10,490.
	r uncortain tay positions. In Part VIII, provide the text of the f					

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

Schedule D (Form 990) 2021 EARLY MUSIC FOUNDATION, INC.	51-0185930	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d .	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

EARLY MUSIC FOUNDATION, INC.

Employer identification number 51-0185930

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

ALL RELEVANT OFFICERS OF THE BOARD OF DIRECTORS WERE PROVIDED WITH A FINAL DRAFT OF

THE FORM 990 TO REVIEW BEFORE SUBMISSION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
ARTIST FEES	TOTAL <u>\$</u>	<u>57,724.</u> 57,724.	<u>57,724.</u> \$ <u>57,724.</u>	\$0.	\$