Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calend	ar year, or tax year begin	ning 10/01	, 2023, a	and endin	g 9/3	30	, 2	0 2024	
В	Check if a	applicable:	С					D Employ	er identific	ation number	
	Addı	ress change	HIDDEN VALLEY MU	SIC SEMINARS				95-2	25998	37	
	Nam		PO BOX 116				-	E Telepho	ne number		, conservation of the cons
	\vdash		CARMEL VALLEY, C	A 93924			-	ี	-659-3	2115	
		return/terminated	•				1	001	000	7110	
								<u> </u>	٠, خ	1 200	002
	}	ended return					H(a) is this a	G Gross re		1,366,	13.7
	Appl	lication pending	F Name and address of principal	lofficer: PETER T. M	IECKEL			-		ļ	X No
			SAME AS C ABOVE		·······	···	H(b) Are all If "No,"	subordinates attach a list.	See instru	ctions. Yes	OM
I	Tax-ex	æmpt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527					
J	Webs	site: WWW	V.HIDDENVALLEYMUS	SIC.ORG			H(c) Group	exemption nu	mber		
K	Form o	of organization:	X Corporation Trust	Association Other	LY	ear of formati	ion: 1963	3 Mis	tate of lega	ol domicile: CA	
P.	rabli	Summary		**************************************	***************************************					***************************************	**************
25,000	1 B	Briefly describ	e the organization's missi	on or most significant a	activities:TO]	PROVID	E ARTS	RELATI	ED EDU	CATIONAL	,
ar.	ï		TO STUDENTS OF A			*****					
Соуеталсе											
<u> </u>				were some work work think have dated mint which wheth it							
2	2 0	heck this box	if the organization	n discontinued its opera	ations or dispo	sed of mo	ore than 2	5% of its i	net asse	ts.	
යි	3 N	lumber of vot	ing members of the gover						3		6
රු			ependent voting members						4		5
<u></u>	5 ⊤	otal number of	of individuals employed in	ı calendar year 2023 (P	art V, line 2a)				5		30
Activities &	6 T	otal number o	of volunteers (estimate if	necessary)					6		0
AC	7a ⊺	otal unrelated	d business revenue from F	Part VIII, column (C), li	ne 12			[7a		0.
	bΝ	let unrelated l	business taxable income	from Form 990-T, Part	I, line 11	• . •		[7b		0.
***************************************			***************************************		***************************************		P	rior Year		Current Ye	ar
•	8 C	Contributions a	and grants (Part VIII, line	1h)		. ,		221,2	02.	173,	,963.
ã	9 ₽	rogram servi	ce revenue (Part VIII, line	2g)			. 1	,103,7		1,057,	
Revenue	10 lr	nvestment inc	come (Part VIII, column (A	A), lines 3, 4, and 7d).					86.		74.
oc.			(Part VIII, column (A), lir					82,3		135,	,225.
			- add lines 8 through 11					,407,6		1,366,	
			nilar amounts paid (Part I					<u> </u>			
	l		to or for members (Part I)				<u> </u>				
	l	-	compensation, employee	, ,				321,6	21	305	,999.
es es	16a D		undraising fees (Part IX, o				3,33,				
Expenses	l loa r						THE RESERVE OF THE PERSON NAMED IN		35.		
Ř.	b T		ng expenses (Part IX, col	arranto		9,799.			X		
m	17 O	Other expense	s (Part IX, column (A), lir	nes 11a-11d, 11f-24e).			.	878,9	62.	892,	,320.
	18 T	otal expenses	s. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		. 1	,200,7	21.	1,288,	,319.
	19 R	Revenue less e	expenses. Subtract line 1	8 from line 12				206,8	91.	78,	,574.
8 6					***************************************	· · · · · · · · · · · · · · · · · · ·	Beginnin	g of Curren		End of Ye	
Net Assets of Fund Balance	20 T	otal assets (F	Part X, line 16)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,197,4		3,317,	
88	21 T			***********			,	338,8			086.
r et	22 N		fund balances. Subtract li	no 21 from lino 20			7	***************************************	******	2,937	
				ne Za nom ime Zo			·	,858,5	02.	2,931,	130.
CUMPAN		Signature									
Unde	er penalties olete. Decl	s of perjury, I decl laration of prepare	fare that I have examined this retu er (other than officer) is based on a	rn, including accompanying sol all information of which prepare	hedules and statem er has anv knowledd	ents, and to ne.	the best of m	y knowledge	and belief,	it is true, correct,	, and
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		Signature of of	ficer				Date				
Sig	jn	1 -				_					
He	re	PETER 7				E	XECUTI	VE DIR	ECTOR		
		Type or print n									
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	_jif PT	îN .	
Pai	id	ROBERT	J. HYLLE, CPA			7/24/	/25	self-employe	d P	00834417	
Pre	parer	Firm's name	FINN & COHEN	CPAS, APC							
Us	e Only	/ Firm's address	*****		302			Firm's EIN	77-0	296692	
	•			93940			Phone no. (831) 375-5166			6	
May	the IR	S discuss this	return with the preparer		tructions					X Yes	No
			proporor								

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE ARTS RELATED EDUCATIONAL PROGRAMS TO STUDENTS OF ALL AGES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
_	Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and reversue, if any, for each program service reported.
4 -	(Code:) (Expenses \$ 813,302. including grants of \$) (Revenue \$)
4 a	
	OTHER PROGRAM SERVICES INCLUDED DANCE CLASSES, BIG BAND DINNER DANCE AND NORTHERN CALIFORNIA FLUTE CAMP.
	CALIFORNIA FLOIE CAMP.
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	PARE USES AND THEN SHO NAME SHO NAME SHO NAME SHOW NAME AND ADD AND AND AND AND AND AND AND AND
	AND DESCRIPTION OF THE STATE AND THE STATE A
4b	(Code:) (Expenses \$ 199,310. including grants of \$) (Revenue \$)
	ROAD SCHOLAR/ELDERHOSTEL:
	STUDENTS (PRIMARILY 55 AND OVER) GATHER FOR WEEK LONG CLASSES IN MUSIC, LITERATURE,
	NATURAL HISTORY, AND/OR PERFORMANCE. THIS IS A SUBSTANTIAL AND THOROUGHLY PLANNED
	PROGRAM.
	This had been been from the box and the win are and the win are and the win are and the first and with the first one and
	PRE DOG - 100 MIN - 100 MI
4c	(Code:) (Expenses \$39,858. including grants of \$) (Revenue \$)
	MASTER CLASSES:
	INDIVIDUALLY SELECTED STUDENTS FROM AROUND THE WORLD STUDY WITH DISTINGUISHED
	PERFORMERS/TEACHERS WHOSE EXPERIENCE AND ARTISTRY ASSISTS IN PREPARING VERY TALENTED
	STUDENTS FOR CAREERS IN MUSIC AND ALLOWS LONG-TIME MUSICIANS TO REVIVE AND REFRESH
	SKILLS.
	and date for both there were noted there were severe to the there were the the there were the there were the there were the there were the the there were the there were the there were the there were the the there were the there were the the the the the the the the the th
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
A	(Expenses \$ 67,563, including grants of \$) (Revenue \$)
4e BAA	Total program service expenses 1,120,033. TEEA0102L 08/23/23 Form 990 (2023)
-mm	TEEA0102L 08/23/23 FORM 990 (2023)

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Form 990 (2023) HIDDEN VALLEY MUSIC SEMINARS

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Х Schedule A..... X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I...... 3 Х 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. Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues Χ 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III...... Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II........ 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X ጸ complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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 X Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII..... X 11b Χ 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported Χ in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional...... X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV...... 14b Χ 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. Χ 15 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. Χ 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 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 X Χ 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.....

Form **990** (2023)

	n 990 (2023) HIDDEN VALLEY MUSIC SEMINARS 95-2259 Checklist of Required Schedules (continued)	9987	F	age
J. C.	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	162	Х
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? <i>If "Yes," complete Schedule J.</i>	23		Х
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
C	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
h	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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	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.			Х
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	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
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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
	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	
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		<u></u>	[
	1 1	Difference	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	30		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

B/

HIDDEN VALLEY MUSIC SEMINARS 95-2259987 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)?.... 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?..... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Χ services provided to the payor?..... 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7c Form 8282?..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?........ 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....as required?..... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10b 11 Section 501(c)(12) organizations. Enter: 1 1 1

a	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	11b					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule	e O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b					
c	Enter the amount of reserves on hand	13c					
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O	14b				
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?		15		X		
6	and the contract of the contra						
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in result in the imposition of an excise tax under section 4951, 4952, or 4953?	_	17				
¥Α	TEEA0105L 08/23/23		Form	990 (2023)		

Form 990 (2023) HIDDEN VALLEY MUSIC SEMINARS 95-2259987 Page 6 **Part VIII** Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 6 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 6 Did the organization have members or stockholders?..... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h 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 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official....... 15a X b Other officers or key employees of the organization. 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section C. Disclosure
17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website

Another's website

X Upon request

Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.....

ACCOUNTING OFFICE ON CAMPUS CARMEL VALLEY CA 93924 831-659-3115

X

16a

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount
	Average hours per week (list any hours for related organizations below dotted line)	o or director		o Officer		Highest compensated		(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-2/1099-MISC/1099-NEC)	of other compensation from the organization and related organizations
(1) PETER T. MECKEL EXECUTIVE DIR.	0	X		X				0.	0.	0.
(2) CHARLES N FASANARO	0	┼^		Λ	-			U.	V.	
VICE PRESIDENT		X		Х				0.	0.	0.
(3) MARSHA LUBOW	0	- 22		17				· · · · · · · · · · · · · · · · · · ·	U.	<u> </u>
TREASURER	0	X		Х				0.	0.	0.
(4) LOWELL WEBSTER	0			****			********			*****
SECRETARY	0	X		X				0.	0.	0.
(5) LINDEN WADDELL	0									
TRUSTEE	0	Х			<u> </u>			0.	0.	0.
(6) PAUL CRIBARI	0	1								_
TRUSTEE	0	X						0.	0.	0.
(7)										
(8)										
(9)										
(10)		-								
(11)										
(12)										
(13)										
(14)										
	L					اا		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		h

Panavilla Section A. Officers, Directors, 110	131663, 1	T	<u> </u>			C5, 6	air	i riigilest con	ipensateu Linp	l (continued)
(A) Name and title	(B) Average hours	box,	unfes	Posi neck r ss per	more i rson is	than o s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week	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
(15)				***************************************	*******			***************************************		
(16)					*********					
(17)						* **********				
(18)										
(19)	****									
(20)										
(21)	***************************************								***************************************	
(22)										
(23)	Prior 2008 Brain								A	
(24)	***************************************								***************************************	
(25)						-				
1b Subtotal	on A						٠.,	0. 0. 0.	0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited from the organization 0										
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for such	tor, truste individu	e, ke	y eı	mplo	yee	, or l	high	nest compensated	l employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportabl	le co 50,00	mpe 00?	nsa If "\	tion es,	and " con	oth nple	er compensation ete Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen s, " <i>comple</i>	satio ete S	n fr	om a dule	any <i>J f</i> o	unrel or suc	late ch p	d organization or person	individual	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens compensation from the organization. Report compens	sated inde	epend	dent	cor	ntrac vear	tors endir	tha ng w	t received more to	han \$100,000 of ganization's tax yea	r.
(A) Name and business addr			41011	<u> </u>		<u> </u>	9	(B) Description		(C) Compensation
						-				
Total number of independent contractors (including b \$100,000 of compensation from the organization)	ut not limi O	ted to	the	se li	isted	abov	ve)	who received more	than	
BAA		TEEA0	108L	08/2	23/23					Form 990 (2023)

Form 990 (2023) HIDDEN VALLEY MUSIC SEMINARS

PartVIII Statement of Revenue

		Check if Schedule O contains a res	ponse or note to an	ny line in this Part V	111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស្កី ង	1a	Federated campaigns 1a					
Contributions, Giffs, Grants, and Other Similar Amounts	b	Membership dues					
	С	Fundraising events 1c					
# 1	d	Related organizations 1d					4.00
S. C.	е	Government grants (contributions) 1e					
in in	f	All other contributions, gifts, grants, and	450.000		0.00		
Ē	_	similar amounts not included above 1f Noncash contributions included in	173,963.		4.04		7-2
E	9	lines 1a-1f				4.0	
ប្ដូ	h	Total. Add lines 1a-1f		173,963.		Section 2	
8			Business Code				
Program Service Revenue	2a	ROAD SCHOLAR		529,484.	529,484.	***************************************	
œ	b	ALL OTHER PROGRAM REVENUE		245,253.	245,253.		
<u>Ş</u> .	c	ORFF LEVELS		115,952.	115,952.		
Æ	d	MASTER CLASSES		86,482.	86,482.		·····
Ē	е	NORTHERN CA FLUTE CAMP		57,960.	57,960.		
8	f	All other program service revenue		22,500.	22,500.		
Ĕ.	g	Total. Add lines 2a-2f		1,057,631.			
	3	Investment income (including dividends,					
		other similar amounts)		74.			74.
	4	Income from investment of tax-exemp	=				
	5	Royalties	(ii) Personal			At the second	
	e-						
			3				
		Less: rental expenses 6b Rental income or (loss) 6c 56,553				art of Decrease	
		Rental income or (loss) 6c 56,553 Net rental income or (loss)		56 550	F.C. F.C.		
		(A Securities	(ii) Other	56,553.	56,553.		
	7a	Gross amount from sales of assets	(ii) Culoi				19 (2) (2)
		other than inventory 7a					
	þ	Less: cost or other basis and sales expenses 7b					100
	c	Gain or (loss) 7c					
		Net gain or (loss)					
ai.		Gross income from fundraising events					
35	oa	(not including \$					
ξe		of contributions reported on line 1c).					
8		See Part IV, line 18	la	0.00004000			200
ğ	b		'b				
Other Reven		Net income or (loss) from fundraising	events	A MANAGEMENT OF A TOP AND A STATE OF A STATE	A 4 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	ALITANA KRANALIAN PROPINSI MANAGANIAN MANAGA	Andreas Andreas Andreas Management (Marie Control of Marie Control of Mari
745		Gross income from gaming activities.					
	Ju	See Part IV, line 19)a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances					
)a				
		L.,)dldd				
	С	Net income or (loss) from sales of inv					
3 g	11-		Business Code	HC 685	B0 000		
2 3	11a	REVERSAL OF ACCRUED WAGES		78,672.	78,672.		
Nen S	b	**** **** **** **** **** **** **** **** ****					
scendineo Revenue	C	All other revenue				***************************************	
	d	All other revenue Total. Add lines 11a-11d		20 070			
	******	Total revenue. See instructions		78,672. 1,366,893.	1.192.856.	·	7/
	-	TOTAL TO POSSING FOR THOUGHOURS	, , ,	i i.ann.aya.	. 		14.

Pal	Statement of Functional Expen	ses			
Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a				
Do i 6b,	not include amounts reported on lines 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	<u> </u>			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	362,584.	253,809.	90,646.	18,129.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	33,415.	23,391.	8,354.	1,670.
11	Fees for services (nonemployees): Management				
	Legal				
	Accounting	1,200.		1,200.	· · · · · · · · · · · · · · · · · · ·
	Lobbying.	1,200.		1/200.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		_		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	91,251.	91,251.		
12	Advertising and promotion	7,677.	6,909.	768.	
13	Office expenses	17,570.	11,634.	5,936.	
14	Information technology	3,329.	2,663.	666.	
15	Royalties	***************************************			
16	Occupancy	89,442.	89,442.		
17	Travel	70,465.	70,465.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	***************************************			
20 21	Interest	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization	58,318.	58,318.		
23	Insurance	71,944.	64,750.	7,194.	
	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.)				
а	FOOD & BEVERAGE	183,810.	183,810.		The state of the s
	UTILITIES AND TELEPHONE	120,100.	96,080.	24,020.	
C	PROFESSIONAL FEES - EVENTS	72,285.	72,285.		
	CAMPUS MAINTENENCE	48,514.	38,811.	9,703.	
	All other expenses.	56,415.	56,415.	140 407	10 700
		1,288,319.	1,120,033.	148,487.	19,799.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year (B) End of year Cash - non-interest-bearing..... 383,712. 276,455 1 2 35,719 Savings and temporary cash investments..... 60,220. Pledges and grants receivable, net..... 3 3 4 Accounts receivable, net Loans and other receivables from 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...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 11,638 11,638. 9 Prepaid expenses and deferred charges..... Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 3,231,784. 2,873,609. 10c 2,861,652. Investments — publicly traded securities..... 11 12 Investments – other securities. See Part IV, line 11..... 13 13 Investments – program-related. See Part IV, line 11..... Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 3,317,222. 3,197,421. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... Accounts payable and accrued expenses..... 35,124 17 27,130 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 22 23 111,090. Secured mortgages and notes payable to unrelated third parties 117,510. 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 186,225 25 241,866. Total liabilities. Add lines 17 through 25..... 338,859 26 380,086 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here $|\mathbf{x}|$ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds...... 30 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 2,858,562 2,937,136.

BAA

32

33

TEEA0111L 08/23/23

Total net assets or fund balances

Total liabilities and net assets/fund balances.....

3,317,222. Form 990 (2023)

2,937,136.

2,858,562.

3,197,421.

32

33

OH	1990 (2025) HIDDEN VALLEI MUSIC SEMINARS 9:	7-2439901	ŀ	aye 12			
Pai	tXII 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	1,366,	893.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,288,	319.			
3	Revenue less expenses. Subtract line 2 from line 1	3	78,	574.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,858,	562.			
5	Net unrealized gains (losses) on investments.	5					
6	Donated services and use of facilities						
7	Investment expenses						
8							
9 Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40		100			
		10	2,937,	136.			
ral	interaction states and the states are states and the states are states and the states are states are states and the states are state						
	Check if Schedule O contains a response or note to any line in this Part XII		·				
	,		Yes	5 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.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both.	ewed on a					
	Separate basis Consolidated basis Both consolidated and separate basis		COR GRAND STATE OF THE PARTY OF	967 JEGS 100 100 100 100 100 100 100 100 100 10			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a set	parate					
	basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the arreview, or compilation of its financial statements and selection of an independent accountant?	udit,	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Guidance, 2 C.F.R. Part 200, Subpart F?	he Uniform	3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 08/23/23		Form 99 0) (2023)			

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023



Name of the organization Employer identification number										
HIDDEN VALLEY MUSIC SEN					95-225998					
Partil Reason for Public Ch	arity Status. (All	organizations must	comple	ete this	s part.) See instruc	tions.				
The organization is not a private four		. ,		,	•					
1 A church, convention of church			•	b)(1)(A)(i).					
2 X A school described in secti	on 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)							
3 A hospital or a cooperative					* * *					
4 A medical research organiz	ation operated in conj	unction with a hospital	describe	d in sec	tion 1 <mark>70(b)(1)(A)(iii</mark>). E	nter the hospital's				
name, city, and state:						· ···· ··· ··· · · · · · · · · · · · ·				
An organization operated for section 170(b)(1)(A)(iv). (C	or the benefit of a coll complete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	scribed in				
6 A federal, state, or local go	vernment or government	ental unit described in s	ection 1	70(b)(1))(A)(v).					
An organization that normally in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 A community trust describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)							
or university or a non-land-gra	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a Type I. A supporting organization(s) the power to r complete Part IV, Sections	tion operated, supervise equiarly appoint or elec-	ed, or controlled by its sup it a majority of the directo	ported o	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. You mus t				
b Type II. A supporting organ management of the supporting must complete Part IV, Sec	ization supervised or og g organization vested in tions A and C.	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or on(s). You				
c Type III functionally integrated organization(s) (see instruc										
d Type III non-functionally inter functionally integrated. The instructions). You must con	grated. A supporting ord organization generally nplete Part IV, Section	ganization operated in cor y must satisfy a distribuns A and D, and Part V.	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see				
e Check this box if the organi integrated, or Type III non-f	zation received a writt unctionally integrated	ten determination from supporting organization	the IRS t	hat it is	a Type I, Type II, Type	e III functionally				
f Enter the number of supported	=				• • • • • • • • • • • • • • • • • • • •					
g Provide the following information	on about the supporte	d organization(s).								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docum	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)						- HAMBER BOOK - A STREET				
(C)										
(D)										
(E)										
Total										
	37 A CO. 10		Service Control							

95-2259987

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5	Total. Add lines 1 through 3 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 5 from line 4						77774 January 244444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444 (24444
Sec	tion B. Total Support						***************************************
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.)						
	Total support. Add lines 7 through 10	ition ato (san in	etructions)			12	
	·	•				L	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	itth tax year as a	section 501(c)(3)	[]
	tion C. Computation of Pul Public support percentage for 20			no 11 poli (0)		-7.8	%
	Public support percentage from :						
	33-1/3% support test—2023. If the and stop here. The organization	he organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2022. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	s. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and stop here publicly supporte	e. Explain in Part d organization	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions

Raitill 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
T	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.					4-84-44-44-44-44-4	
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b		V				
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					501()	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)
	tion C. Computation of Pul			10 0		1	- 1 0.
	Public support percentage for 20		•		='	***************************************	
	Public support percentage from 2				. , , , , , , , , , , , , , , , , , , ,	16	<u> </u>
*****************	ion D. Computation of Inv				(0)		- 1 O.
	Investment income percentage for	•		-			
	Investment income percentage for					Lancassan	
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organizat	ion 📋
	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3% Private foundation. If the organization is the organization in the second statement of the second statemen	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported or	ganization

PartilV Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
į	2 3a		
,			
	3b 3c	es .	
	4a		
	4b	22 P. S. S. S. CONTROL	
t			
	5a 5b		
	5c		
	6		
	7		
s,"			
	9a 9b	8 18 4 1	
	9c		
s,"			
**********			Lancon construction

			MUSIC SEMINARS	95-225998	7 Page 5
Pa	Supporting Organization	ns (continued)			I Vos I No
11	Has the organization accepted a gift	or contribution from a	any of the following persons?		Yes No
ć	A person who directly or indirectly contr the governing body of a supported or	ols, either alone or tog ganization?	ether with persons described on lines	11b and 11c below,	11a
ŀ	A family member of a person describ	ed on line 11a above	?		11b
	A 35% controlled entity of a person described		f "Yes" to line 11a, 11b, or 11c, provide detail	in Part VI.	11c
Sec	tion B. Type I Supporting Orga	anizations			
1	Did the governing body, members of or more supported organizations hav officers, directors, or trustees at all ti organization(s) effectively operated, than one supported organization, des were allocated among the supported during the tax year.	e the power to regula mes during the tax ye supervised, or contro scribe how the powers	rly appoint or elect at least a major ear? If "No," describe in Part VI how lled the organization's activities. If it is to appoint and/or remove officers,	rity of the organization's w the supported the organization had more , directors, or trustees	Yes No
	Did the organization operate for the that operated, supervised, or controll benefit carried out the purposes of the supporting organization.	ed the supporting org e supported organiza	janization? <i>If "Yes," explain in Part</i>	' VI how providing such	2
Sec	tion C. Type II Supporting Org	anizations			
1	Were a majority of the organization's di of each of the organization's support supporting organization was vested i	ed organization(s)? If	f "No," describe in Part VI how cont	rol or management of the	Yes No
Sec	tion D. All Type III Supporting	Organizations			
1	Did the organization provide to each organization's tax year, (i) a written year, (ii) a copy of the Form 990 that organization's governing documents	notice describing the was most recently fi	type and amount of support provide led as of the date of notification, ar	ed during the prior tax nd (iii) copies of the	Yes No
2	Were any of the organization's office organization(s), or (ii) serving on the the organization maintained a close of	governing body of a	supported organization? If "No." ex	colain in Part VI how	2
3	By reason of the relationship described voice in the organization's investmen all times during the tax year? If "Yes in this regard.	t policies and in direc	cting the use of the organization's in	ncome or assets at	3
Sec	tion E. Type III Functionally In				
1	Check the box next to the method that t	he organization used to	satisfy the Integral Part Test during	the year (see instructions).	
á	The organization satisfied the Ac	tivities Test. Complet	e line 2 below.		
ŀ		• •	f organizations. <i>Complete line 3 be</i>		
(The organization supported a government	ernmental entity. De	scribe in Part VI how you supported	d a governmental entity (see	e instructions).
2	Activities Test. Answer lines 2a and	2b below.			Yes No
ž	Did substantially all of the organization supported organization(s) to which the configurations and explain how these responsive to those supported organic substantially all of its activities.	organization was respon activities directly fur	nsive? If "Yes," then in Part VI identify thered their exempt purposes, how	y those supported y the organization was	2a
ŀ	Did the activities described on line 2a more of the organization's supported reasons for the organization's position but for the organization's involvement	organization(s) would n that its supported o	d have been engaged in? <i>If "Yes," e</i>	explain in Part VI the	2b
3	Parent of Supported Organizations.	Answer lines 3a and 3	3b below.		
ā	Did the organization have the power each of the supported organizations?	to regularly appoint o If "Yes" or "No," pro	or elect a majority of the officers, di vide details in Part VI .	rectors, or trustees of	3a
ł	Did the organization exercise a substant supported organizations? If "Yes," de	ial degree of direction escribe in Part VI the	over the policies, programs, and active role played by the organization in t	rities of each of its this regard.	3b

Pal	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anıza	tions	***************************************
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on N	lov. 20, 1970 (explain in ist complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(8) 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 gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		100	
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		
Sec	tion 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	F 144	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrate	d Type III supporting org	anization
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Pai	tyv Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	i ons (continued	1)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	***************************************	······································	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive (provide o	details	اما	
a	in Part VI). See instructions.			8	
	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(4)	/in	10	////
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
······································	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			nam nasannik kodišt	
	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020		entra a como del		
	From 2021				
	From 2022				a consultation
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from Section D, line 7: \$				
	Applied to underdistributions of prior years		***		
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
*****	Excess from 2020,				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

©penitorPthilic linspection Employer identification number

HII	DDEN VALLEY MUSIC SEMINARS			95-2259987	
Pa	Organizations Maintaining Don Complete if the organization ans	or Advised Funds or Oth	er Similar Funds or		***************************************
	Complete if the organization and	(a) Donor advised ful	_ <u></u>) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)			- I at the Helita	
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the o	or advisors in writing that the a rganization's exclusive legal co	ssets held in donor advis	sed funds	No No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, o	that grant funds can be or for any other purpose	used only conferring Yes	No
Pai	Conservation Easements Complete if the organization ans	swered "Yes" on Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for example	e, recreation or education)	Preservation of a hi	storically important lan	id area
	Protection of natural habitat		Preservation of a co	ertified historic structure	e
	Preservation of open space		to and the second		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contril	oution in the form of a con	servation easement on t	he
	last day of the tax year.			Held at the End of th	a Tay Voor
	Total number of conservation easements		2a	neid at the End of th	ie iax ieai
	Total acreage restricted by conservation easem			***************************************	····
	: Number of conservation easements on a certific		ļ		
	Number of conservation easements included on			***************************************	······································
•	a historic structure listed in the National Registe	er			
3	Number of conservation easements modified, transit tax year	ferred, released, extinguished, or	terminated by the organiz	ation during the	
4	Number of states where property subject to con	servation easement is located			
5	Does the organization have a written policy rega				
	and enforcement of the conservation easements			hammel .	No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, a	and enforcing conservation	easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and e	nforcing conservation ease	ements during the year	
8	Does each conservation easement reported on land section 170(h)(4)(B)(ii)?	line 2d above satisfy the requir	ements of section 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in the organization's financial sta	its revenue and expense atements that describes	e statement and baland the organization's acco	e sheet, and unting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered "Yes" on Form 99	Treasures, or Othe 0, Part IV, line 8.	r Similar Assets	
1a	If the organization elected, as permitted under F historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	for public exhibition, education	n, or research in furthera	and balance sheet work ance of public service, p	ks of art, provide in
b	If the organization elected, as permitted under F historical treasures, or other similar assets held for following amounts relating to these items.	public exhibition, education, or re	esearch in furtherance of p	public service, provide the	Э
	(i) Revenue included on Form 990, Part VIII, lie (ii) Assets included in Form 990, Part X	ne 1		\$	
	If the organization received or held works of art, his amounts required to be reported under FASB AS				
	Revenue included on Form 990, Part VIII, line 1.				
b	Assets included in Form 990, Part X			\$	

ALC: N	3					,			4	
3	items (check all that ap	acquisition, accession ply).	n, and othe	r records, check a	ny of the following th	nat make s	significant use of its	collectio	n	
a	[*******	or exchange progra	am				
l;	Scholarly research			e Other						
C	lJ	-								
4	Provide a description of t Part XIII.	•		, ,	-					
5	During the year, did the to be sold to raise fund				t, historical treasur rganization's collec	es, or oth ction?	er similar assets	Yes		No
Par	Complete if	Custodial Arra the organization art X, line 21.	answer	: s ed "Yes" on F	orm 990, Part I	V, line 9	9, or reported a	n amo	ount o	n
1a	। Is the organization an a	igent, trustee, custo							r	
1.	on Form 990, Part X?						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes		No
n) If "Yes," explain the arrai	ngement in Part XIII	and comple	te the following ta	pie.	Γ-		Amount		
_	: Beginning balance					<u></u>		Amoun		
	Additions during the ye					*****	1c			
	Distributions during the					*****	1e			
	Ending balance	-				ļ	7f		·····	
	Did the organization inc							Yes		No
	If "Yes," explain the arr						h.		L	- 110
~	in 100, explain the an	angomont in raite	ini onoon	THO TO THE OXPICE	nation has seen pr	Oridoa III			L	
Par	ተ ጀ Endowment	Funds								-
	National Control of the Control of t	the organization	answer	ed "Yes" on F	orm 990, Part I	V, line	10.			
,	······································		·····	**************************************	······································			1		
1.	Daginning of year halor		rent year	(b) Prior year	(c) Two years	s dack	(d) Three years back	(e) I	our year	S Dack
	Beginning of year balar							 		
L)	Contributions							ļ		
С	Net investment earning and losses	s, gains,								
d	I Grants or scholarships .									
е	Other expenditures for and programs									
f	Administrative expense	s								
g	End of year balance									
2	Provide the estimated p	ercentage of the cu	ırrent year	end balance (lin	e 1g, column (a)) l	held as:				
а	Board designated or qu	asi-endowment		ક						
b	Permanent endowment	·	ક્ષ							
c	Term endowment	왕								
	The percentages on lines	2a, 2b, and 2c shou	ld equal 10	0%.						
32	Are there endowment fun	de not in the noceas	ion of the	organization that a	are held and adminis	tored for t	he			
Ju	organization by:	do not in the possess	or the v	organization that b	ing ricia dina darining	itorea for t	, i i i		Yes	No
	(i) Unrelated organizat	ions?						3a(i)		
	(ii) Related organizatio	ns?						3a(ii)		
b	If "Yes" on line 3a(ii), a	re the related orgar	nizations li	sted as required	on Schedule R?			3b		
	Describe in Part XIII the	intended uses of t	he organiz	ation's endowme	ent funds.					
Par	t VI Land, Buildi	ngs, and Equip	ment							
100 / 100 post 100 po	Complete if the	organization answer	ed "Yes" oi	1 Form 990, Part	IV, line 11a. See Fo	rm 990, P	art X, line 10.			
	Description of	property	(a) Cos (ir	it or other basis	(b) Cost or othe basis (other)	r (0	Accumulated depreciation	(d) [Book va	alue
1a	Land			679,326.				***************************************	679	,326.
b	Buildings			2,133,940.		100000000000000000000000000000000000000	252,500.	1		,440.
С	Leasehold improvement	s		83,358.			26,678.			,680.
	Equipment			266,842.			25,396.			,446.
	Other			68,318.			65,558.			,760.
······	I. Add lines 1a through 1				ine 10c, column (E	3))		2		,652.
BAA		**************************************				·			orm 990	

Part VII	Investments Other Securities	m Farma 000 Dart IV Lim	N/A	
(a) Dagari	Complete if the organization answered "Yes" option of security or category (including name of security)	n Form 990, Part IV, IIIN (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-o	of year market value
		(D) Book Value	(C) Weenod of Valuation: Cost of end-c	n-year market value
• •	al derivativesheld equity interests			
(3) Other	rield equity interests			
(A)	DAG SAID STAN HARD SAID HARD MADE MADE MADE SAID SAID SAID SAID SAID SAID SAID HARD SAID SAID SAID SAID SAID			
(B)				**************************************
(C)				
(D)				
(E)	4 400 4000 HAVE SHEE SHEE FOR SHEET BOOK SHEET BOOK 1000 WHEN SHEET WAS SHEET SHEET SHEET WAS SHEET WAS SHEET WAS			· · · · · · · · · · · · · · · · · · ·
(F)				
(G)	4 4000 15000 \$5500 1000 \$5500 \$6500 \$6500 \$6500 \$6500 \$5500 \$6500			
(H)				
<u>`(l)</u>	E AND THIS HALL AND DEAL SAME SAME THE BANK AND THE THE THE THE THE SAME THE THE THE THE THE THE THE THE THE TH			
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII			N/A	The committee of the construction of the const
STATE OF THE PARTY	Investments — Program Related Complete if the organization answered "Yes" o		e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part X	Other Assets	· l N/A		
r all la				
tunena se esta esta esta esta esta esta esta	Complete if the organization answered "Yes" o			(b) Book value
(1)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the organization answered "Yes" o (a) Di (b) must equal Form 990, Part X, line 15,	n Form 990, Part IV, Iİndescription	e 11d. See Form 990, Part X, line 15.	
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Pai	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn N/A
	Complete if the organization answered "Yes" on Form 990, F		014111 21/ 22
1	Total revenue, gains, and other support per audited financial statements		Tal
	- , , ,	,	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	01	
	Net unrealized gains (losses) on investments	.,.,.,	
	Donated services and use of facilities		- * *
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Par	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F		Return N/A
-1	complete in the digalineation and to the contract of the contr	•	
1			T 1
2	Total expenses and losses per audited financial statements		1
2	Total expenses and losses per audited financial statements		1
2 a	Total expenses and losses per audited financial statements	2a	1
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	1
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses.	2a 2b 2c	1
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.)	2a 2b 2c 2d	1 2e
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d.	2a 2b 2c 2d	2e 3
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1.	2a 2b 2c 2d	2e 3
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d	
2 a b c d e 3 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d 2d	3 4c

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

BAA

Schedule D (Form 990) 2023

SCHEDULE E (Form 990)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047



Name of the organization HIDDEN VALLEY MUSIC SEMINARS

95-2259987

Employer Identification number

Pai	AU CONTRACTOR CONTRACT			
0.00			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	,
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	No.
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	ļ
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	Х	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			4
_	Does the organization discriminate by race in any way with respect to:			
5	Children organization discriminate by race in any way with respect to:	5 a		V
а	Students' rights or privileges?	a		<u> X</u>
b	Admissions policies?	5 b		Х
С	Employment of faculty or administrative staff?	5 c		Х
-				
d	Scholarships or other financial assistance?	5 d		Х
е	Educational policies?	5 e		Х
f	Use of facilities?	5 f		Х
g	Athletic programs?	5 g		Х
h	Other extracurricular activities?	5 h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			21
62	Does the organization receive any financial aid or assistance from a governmental agency?	6 a		X
	Has the organization's right to such aid ever been revoked or suspended?		 	X
.,	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		N. S.	77
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial			
	nondiscrimination? If "No," explain on Part II	7	X	1

Schedule E (Form 990) 2023 HIDDEN VALLEY MUSIC SEMINARS 95-2259987

| Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Employer identification number

OMB No. 1545-0047

95-2259987

Internal Revenue Service

Name of the organization

HIDDEN VALLEY MUSIC SEMINARS

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EMERGING COMPOSERS INTENSIVE:

THE EMERGING COMPOSERS INTENSIVE AT HIDDEN VALLEY BRINGS TOGETHER TEN COMPOSERS FOR A FESTIVAL OF CREATIVE COLLABORATION. GUIDED BY RENOWNED COMPOSITION AND PERFORMANCE FACULTY, PARTICIPANTS DEVELOP NEW CHAMBER WORKS WHICH ARE PROFESSIONALLY REHEARSED, PERFORMED, AND RECORDED.

FESTIVAL OF THE WINDS:

A TEACHING PROGRAM FOR VERY ADVANCED INSTRUMENTALISTS. PRINCIPAL PLAYERS FROM THE METROPOLITAN OPERA ORCHESTRA, THE BALTIMORE SYMPHONY ORCHESTRA, THE CLEVELAND ORCHESTRA, AND OTHERS SPEND TWO WEEKS REHEARSING AND PERFORMING WITH SELECTED FELLOWS.

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

COPIES OF THE FORM 990 AND FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD OF TRUSTEES FOR REVIEW.

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

ALL GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE UPON WRITTEN REQUEST IN THE OFFICES OF HIDDEN VALLEY MUSIC SEMINARS.

PART VIII - LINE 2B

ORFF REVENUE INCLUDES PREVIOUS YEAR DEPOSITS UNDER PRIOR YEAR CURRENT LIABILITIES.

PART X - LINE 25

DECREASE IN LIABILITIES INCLUDES AFOREMENTIONED ORFF REVENUE.