	Q	90	Return of Organization Exempt Fr			OMB No. 1545-0047
Forn	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	-		
Depa	tment	of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public
		nue Service	► Go to www.irs.gov/Form990 for instructions and the ginning JUL 1, 2021 and en		UN 30, 2022	Inspection
		- î		iung U		
B C a	heck if oplicab	le:	organization		D Employer identifi	cation number
	Addre	је VТПП	A MUSICA			
	Name	e Doing bu	usiness as		20-38650	08
	Initial return Final	1037	and street (or P.O. box if mail is not delivered to street address) Ro 3 ROSELLE STREET	oom/suite	E Telephone numbe 858-550-	
	Jreturn termir ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,835,786.
	Amen return	ded CAN	DIEGO, CA 92121		H(a) Is this a group re	
			nd address of principal officer: FIONA LILIAN CHATWIN	N	for subordinates	
	pendi		as C above		H(b) Are all subordinates in	
<u>і</u> т	ax-ex	empt status:		527		list. See instructions
			VILLAMUSICA.ORG		H(c) Group exemptio	
		f organization:		I Year		State of legal domicile: CA
Pa	_	Summary		- I our i		
	1		e the organization's mission or most significant activities: VILLA	MUSI	CA INSPIRES	PEOPLE OF
Governance	•	ALL AGE	S AND BACKGROUNDS TO EXPLORE THE JO	OY AN	D LIFELONG	VALUE OF
nai	2		if the organization discontinued its operations or disposed			
Iove	3				3	12
ğ	4		ependent voting members of the governing body (Part VI, line 1b)			12
s S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			51
Activities &	6		of volunteers (estimate if necessary)			23
ctiv			business revenue from Part VIII, column (C), line 12			0.
4			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
ð	8	Contributions	and grants (Part VIII, line 1h)		319,454.	932,895.
nu	9		ce revenue (Part VIII, line 2g)		681,960.	884,179.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		13.	19.
Ж	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,808.	13,821.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,006,235.	1,830,914.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
ş	15	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			793,363.	971,753.
Expenses	16a	Professional fu	and raising fees (Part IX, column (A), line $5 \cdot 10$) ng expenses (Part IX, column (D), line 25) \blacktriangleright 71,648		0.	12,500.
çpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 71,648	8.		
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		187,643.	254,785.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		981,006.	1,239,038.
	19	Revenue less	expenses. Subtract line 18 from line 12		25,229.	591,876.
or ces				Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		303,948.	898,949.
t As d B	21		(Part X, line 26)		43,043.	46,922.
Fun	22		und balances. Subtract line 21 from line 20		260,905.	852,027.
	rt II	Signature				
Unde	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules a	nd statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Circulture of officer	Dete		
Sign	Signature of officer		Date	
Here	FIONA LILIAN CHATWIN,	EXECUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	KELLI TORPEY	KELLI TORPEY		202237482
Preparer	Firm's name ▶ LING & BOUMAN CE		Firm's EIN ▶ 81 -	-4590836
Use Only	Firm's address 👞 4669 MURPHY CANY	YON ROAD, STE 130		
	SAN DIEGO, CA 92	2123-1833	Phone no. (858)	467-4770
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.		Form 990 (2021)

See Schedule O for Organization Mission Statement Continuation

(4

Prest Statement Statement Check I Schedule O contains a response or note bany line in this Part III Intelly describe the organization's mission: VILLA MUSICA INFORMANCE, TVILLA MUSICA STRUCES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALUE OF MUSICA STRUCES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALUTY MUSIC EDUCATION TO STUDENTS OF ALL Proform 990 or 990 cf 990	132002	2 12-03-21		
Circle f Scheduk 0 contains a response or note to any line in this Part II Verify description the organization is measure. THE JOY AND LIFELONS VALUE OF MUSIC PHROUGH EDUCATION PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL Old the organization undertake way significant forgans services during the year which were not listed on the prior form 980 or 980 cf			Form 9	90 (202
Check if Schedule 0 contains a response or note to any line in this Part III		(Expenses \$ including grants of \$) (Revenue \$)	
Check if Schedule O contains a response or note to any line in this Part III Drefty describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY EIGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL Driof form 900 or 990-E2? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any 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, and revenue, if any, for each 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, and revenue, if any, for each program service reported. 4 (Code:				
Check if Schedule O contains a response or note to any line in this Part III Direttly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL Ves [X] If "res," describe these range any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "res," describe these new services on Schedule 0. Describe the organization regara 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, and revenue, if any, for each 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, and revenue, if any, for each program service accomplishments for each of its three largest program services. 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. 40 (code:)(Expenses §				
Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are reported. Code: (Spenses \$ 338, 898. including grants of \$) (Revenue \$ 884, 177 PROVIDING PRIVITE LESSONS, GROUP WORKSHOPS, AND PERFORMANCES TO THOSE SEEKING TO ENHANCE THEIR MUSIC SKILLS.				
Check if Schedule O contains a response or note to any line in this Part III	4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
Check if Schedule O contains a response or note to any line in this Part III 1 11 12 13 14 15 15 15 16 17 17 18 15 15 16 17 17 17 17 17 18 17 18 18 19 19 111 111 111 111 111 1111 1111 1111 11111 11111 11111 111111 111111 1111111 1111111111 111111111111111111111111111111111111				
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ives X If "Yes," describe these changes on Schedule 0. 10 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, and revenue, if any, for each program service reported. 10 (Revenue \$ 938, 898. including grants of \$) (Revenue \$ 884, 175 PROVIDING PRIVATE LESSONS, GROUP WORKSHOPS, AND PERFORMANCES TO THOSE SEEKING TO ENHANCE THEIR MUSIC SKILLS.				
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ives X If "Yes," describe these changes on Schedule 0. 10 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, and revenue, if any, for each program service reported. 10 (Revenue \$ 938, 898. including grants of \$) (Revenue \$ 884, 175 PROVIDING PRIVATE LESSONS, GROUP WORKSHOPS, AND PERFORMANCES TO THOSE SEEKING TO ENHANCE THEIR MUSIC SKILLS.				
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X 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, 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, and revenue, if any, for each program service reported. 4a (code:) (Expenses \$ 938, 898 • including grants of \$) (Revenue \$ 884, 175 + PROVIDING PRIVATE LESSONS, GROUP WORKSHOPS, AND PERFORMANCES TO THOSE	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 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, 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, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 938, 898 • including grants of \$				
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X 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, 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, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 938, 898 • including grants of \$) (Revenue \$ 884, 175 PROVIDING PRIVATE LESSONS, GROUP WORKSHOPS, AND PERFORMANCES TO THOSE				
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O. Yes X Sold the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Yes X If "Yes," describe these changes on Schedule O. Yes X Yes X 4a (Code:) (Expenses \$ 938, 898. including grants of \$) (Revenue \$ 884, 175			TO THO	SE
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 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 IX 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.	4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 938,898 • including grants of \$) (Revenue \$	884,	179
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 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.	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC EDUCATION TO STUDENTS OF ALL 2 Did the organization undertake any significant program services during the year which were not listed on the	3	If "Yes," describe these new services on Schedule O.		
Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: VILLA MUSICA INSPIRES PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE THE JOY AND LIFELONG VALUE OF MUSIC THROUGH EDUCATION, PERFORMANCE,	2			
Check if Schedule O contains a response or note to any line in this Part III		AND COMMUNITY ENGAGEMENT. VILLA MUSICA STRIVES TO BE A LEADER	IN	
	1	Briefly describe the organization's mission:		
Part III Statement of Program Service Accomplishments	Par	rt III Statement of Program Service Accomplishments		

Farm	000	(0001)
⊢orm	990	(2021)

Form 990 (2021) VILLA MUSICA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
132003	3 12-09-21	Form	990	(2021)

Form **990** (2021)

11090515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA

3

Form	990	(2021)
	000	

Form 990 (2021) VILLA MUSICA
Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	258		23
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 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	
13200	4 12-09-21	Form	990	(2021)

11090515 783218 VILLAMUSICA

4

Form 990	
Part V	Sta

 VILLA
 MUSICA

 Statements Regarding
 Other IRS Filings and Tax Compliance (continued)

					-	
0-		I	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		51			
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retu	2a		2b	х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20		
3a				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
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 A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action	?	5b		Х
	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 t	he org	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the examination requires a payment in success of $P_{25}^{0.5}$ made partly as a contribution and partly for goods and contributions and partly for goods and contributions are contributions.	ricoo	provided to the powerQ	7-		х
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7h		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		quirod	7b		
C				7c		x
Ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		х
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit cont			76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			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:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.41				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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 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				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
0.000	If "Yes," complete Form 6069.			Form	990	(2024)
3200	5 12-09-21 D			1011	330	(2021)

11090515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA

VILLAMU1

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		anv other			
	officer, director, trustee, or key employee?			2	X	Г
3	Did the organization delegate control over management duties customarily performed by or under the					
-	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		╈
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		╈
	Did the organization have members, stockholders, or other persons who had the power to elect or a			–		╈
74	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	oar by the	following	70		+
				0-	x	
	The governing body?			8a 0h	X	╀
	Each committee with authority to act on behalf of the governing body?			8b		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
eC	tion B. Policies (This Section B requests information about policies not required by the Internal F	nevenue			V	Т
0				40-	Yes	+
	Did the organization have local chapters, branches, or affiliates?			10a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				x	
	on Schedule O how this was done			12c	X	+
	Did the organization have a written whistleblower policy?			13		+
14	Did the organization have a written document retention and destruction policy?			14	X	-
15	Did the process for determining compensation of the following persons include a review and approv		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
	The organization's CEO, Executive Director, or top management official			15a		
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.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	ith a			T
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatior	ı's			
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (section 501(c)(3	s only) avai	lak
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Scl	hedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict o	of interest policy, an	d finai	ncial	
19	statements available to the public during the tax year.					
19			d records			
	State the name, address, and telephone number of the person who possesses the organization's be	ooks an				
	State the name, address, and telephone number of the person who possesses the organization's be MARY ANN FORTIN $-858-550-8100$					
20	State the name, address, and telephone number of the person who possesses the organization's be MARY ANN FORTIN $-858-550-8100$	ooks an 2121		Form	1 990	10

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

VILLA MUSICA

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

Form 990 (2021)

20-3865008

Page 6

X

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Compens	sated
	Employees, and Independe	ent 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)		loui	(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) FIONA CHATWIN EXECUTIVE & ARTISTIC DIRECTOR	40.00	x		x				91,412.	0.	0.
(2) IRINA TELYUKOVA PHD	4.00							91,412.	0.	0.
BOARD CHAIR		x		x				0.	0.	0.
(3) OLIVIER HARISMENDY	2.00									
VICE CHAIR		x		x				0.	0.	0.
(4) GRACE RAMOS	2.00									
SECRETARY		x		x				0.	0.	0.
(5) RICHARD RUSHTON	2.00									
TREASURER		x		x				0.	0.	Ο.
(6) ARAM AKHAVAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) YOLANDA COLLIER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ANNETTE GIORDANO	2.00									
DIRECTOR		х						0.	0.	0.
(9) LANA HOCK	2.00									0
DIRECTOR		X						0.	0.	0.
(10) STEVE HOEY	2.00									0
DIRECTOR	2.00	X						0.	0.	0.
(11) LA DON JONES	2.00	x						0.	0.	0.
DIRECTOR (12) JORDANNA ROSE	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
									••	0.
		$\left \right $								
132007 12-09-21	1	I		L	I	L	I	I		Form 990 (2021)

11090515 783218 VILLAMUSICA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (E) (F) Name and title Average hours per vector (D) Reportable compensation from related organizations below Reportable compensation from related organizations below (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) (W-2/109-MISC) organization organization 10000 1000 10000 <th>t of r sation he ation ated</th>	t of r sation he ation ated
Name and title Average hours per week (list any hours per line) Average hours per week (list any hours per line) Position to the organization below the generation (W-2/1099-MISC/ 1099-NEC) Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC) Reportable compensation from (W-2/1099-MISC/ 1099-NEC) Estimat amount other organizations (W-2/1099-MISC/ 1099-NEC) Image: state of the compensation (W-2/1099-MISC/ 1099-NEC) Image: state of the compensation (W-2/109-MISC/ 1099-NEC) Image: state of the compensation (W-2/109-MISC/ 1099-NEC) Image: state of the compensation (t of r sation he ation ated
hours for related organizations below line) must for related organization below line) must for related organization line) must for related organization line) <td>he ation ated</td>	he ation ated
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	
c Total from continuation sheets to Part VII, Section A ▶ 0. 0. d Total (add lines 1b and 1c) ▶ 91,412. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes	0.
compensation from the organization Yes	0.
	0
line 1a? If "Yes," complete Schedule J for such individual 3	X
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	x
rendered to the organization? If "Yes," complete Schedule J for such person	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Name and business address NONE Description of services Compensation	on
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0 Form 990	

8 11090515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA

ar	't VII									_
		Check if Schedule O	contai	ins a respo	nse	or note to any lin	e in this Part VIII	(B)	(0)	
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud
2	1 a	Federated campaigns		1a						30010113 0 12
and Other Similar Amounts		Membership dues								
Į.		Fundraising events								
		Related organizations								
Ē		Government grants (conti				520,091.				
0	f	All other contributions, gifts,	grants	, and						
		similar amounts not included	l above	9 1 f		412,804.				
	g	Noncash contributions included in	n lines 1	a-1f 1g \$		22,549.				
8	h	Total. Add lines 1a-1f				►	932,895.			
						Business Code				
	2 a	TUITION/LESSO	DNS			611600	884,179.	884,179.		
e	b									
ē	С									
Ē	d									
нечепие	e	<u>.</u>								
		All other program service					884,179.			
+	<u>y</u> 3	Total. Add lines 2a-2f					004,175.			
	5	other similar amounts)					19.			1
	4	Income from investment of								
	5	Royalties				1				
		,		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	5,68	8.					
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	5,68	8.					
	d	Net rental income or (loss	s)			►	5,688.	5,688.		
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c							
		Net gain or (loss)			. <u></u>	🕨				
	8 a	Gross income from fundraisi	-							
		including \$								
		contributions reported on		,						
		Part IV, line 18			8a					
		Less: direct expenses Net income or (loss) from			8b					
		Gross income from gamin		•						
	9 a	Part IV, line 19	•		9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from				▶				
		Gross sales of inventory,	•	•	<u> </u>	F				
		and allowances			10a	6,856.				
	b	Less: cost of goods sold			10b	4 0 7 0				
		Net income or (loss) from			у	>	1,984.	1,984.		
T						Business Code				
	11 a	MISCELLANEOUS	3			900099	6,149.			6,14
eur	b									
Revenue	с									
-		All other revenue					<u> </u>			
		Total. Add lines 11a-11d				🕨	6,149. 1,830,914.	891,851.		
	12	Total revenue. See instruction						. איד איד.	0.	6,16

11090515 783218 VILLAMUSICA

Form 990 (2021)

VILLA MUSICA

VILLA MUSICA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon	se or note to any line in (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22 Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	94,743.	31,581.	31,581.	31,581
	rustees, and key employees	94,743.	51,501.	51,501.	51,501
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Dther salaries and wages	784,275.	675,140.	90,313.	18,822
	Pension plan accruals and contributions (include				10,022
	section 401(k) and 403(b) employer contributions)				
	Dther employee benefits	20,431.	9,260.	9,260.	1,911
	Payroll taxes	72,304.	56,298.	13,926.	2,080
	Fees for services (nonemployees):	,			,
	Management				
	_egal				
	Accounting	15,860.	4,500.	11,360.	
	_obbying				
	Professional fundraising services. See Part IV, line 17	12,500.			12,500
f I	nvestment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A), amount, list line 11g expenses on Sch 0.)	3,000.	3,000.		
12 /	Advertising and promotion	6,114.	6,114.		
13 (Office expenses	52,674.	24,000.	24,000.	4,674
1 4	nformation technology	321.	321.		
15 F	Royalties				
16 (Decupancy	103,100.	80,727.	22,373.	
17 7	Fravel	2,415.	2,415.		
18 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials \dots	2 266	1 220	0.4.0	0.0
	Conferences, conventions, and meetings	2,266.	1,338.	848.	80.
	nterest				
	Payments to affiliates	12,844.	12,844.		
	Depreciation, depletion, and amortization	6,619.	4,715.	1,904.	
	nsurance Dther expenses, Itemize expenses not covered	0,019.	4,/10.	1,904.	
a li	bove. (List miscellaneous expenses not covered bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), imount, list line 24e expenses on Schedule 0.)				
	DIRECT PROGRAM EXPENSE	25,635.	25,635.		
b -	IN-KIND EXPENSES	22,549.		22,549.	
c I	MISCELLANEOUS	1,388.	1,010.	378.	
d _					
	All other expenses	1 000 000			
	Total functional expenses. Add lines 1 through 24e	1,239,038.	938,898.	228,492.	71,648
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
C	Check here 🕨 🧾 if following SOP 98-2 (ASC 958-720)				Form 990 (2021

132010 12-09-21

11090515 783218 VILLAMUSICA

	_	-	-	-	-	-	-	_
								-
+ X								

Part 2	X	Balance Sheet					·
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			57,453.	1	269,872
	2	Savings and temporary cash investments			131,239.	2	101,276
;		Pledges and grants receivable, net				3	24,008
		Accounts receivable, net			29,318.	4	1,208
		Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ibed in sec	tion 4958(c)(3)(B)		6	
3 3	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
ć 9	9	Prepaid expenses and deferred charges		9			
10		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	231,475. 142,827.			
	b	Less: accumulated depreciation	77,408.	10c	88,648		
1	1	Investments - publicly traded securities		11			
12	2	Investments - other securities. See Part IV, li		12			
1:	3	Investments - program-related. See Part IV, I		13			
14	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11	8,530.	15	413,937		
10	6	Total assets. Add lines 1 through 15 (must e			303,948.	16	898,949
1	7	Accounts payable and accrued expenses	43,043.	17	46,922		
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Comple		21			
g 2	2	Loans and other payables to any current or	former offic	er, director,			
		trustee, key employee, creator or founder, su					
28		controlled entity or family member of any of	these perse	ons		22	
J 23	3	Secured mortgages and notes payable to ur	nrelated thi			23	
24	24	Unsecured notes and loans payable to unrel		24			
2	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on I	ines 17-24)	. Complete Part X			
		of Schedule D				25	
20	26	Total liabilities. Add lines 17 through 25			43,043.	26	46,922
		Organizations that follow FASB ASC 958,	check her	e 🕨 🔟			
		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			260,905.	27	679,703
ຊັ 28	8	Net assets with donor restrictions	0.	28	172,324		
		Organizations that do not follow FASB AS	C 958, che	eck here 🕨 🛄			
		and complete lines 29 through 33.					
2 2	9	Capital stock or trust principal, or current fur	nds			29	
30	0	Paid-in or capital surplus, or land, building, o	r equipmer	nt fund		30	
	81	Retained earnings, endowment, accumulate	d income, o	or other funds		31	
3	2	Total net assets or fund balances			260,905.	32	852,027
	3	Total liabilities and net assets/fund balances			303,948.	33	898,949

11090515 783218 VILLAMUSICA

Form 990 (2021)
Part X Balance Sheet

VILLA MUSICA

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852,027 Part XII Financial Statements and Reporting 10 852,027 Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Vestical Contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Image: Cash ima	Form	1 990 (2021) VILLA MUSICA	20-38	65008	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 830, 914 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 239, 038 3 Revenue less expenses. Subtract line 2 from line 1 3 591, 876 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 260, 905 5 Net unrealized gains (losses) on investments 6 - 6 0onated services and use of facilities 6 - 7 8 Prior period adjustments 6 - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852, 027 Part XII Financial Statements and Reporting - - - Check if Schedule O contains a response or note to any line in this Part XI - - 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - - 2a X 1 Accounting method used to prepare the Form 990:	Pa	rt XI Reconciliation of Net Assets			
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 239, 038 3 Revenue less expenses. Subtract line 2 from line 1 3 591, 876 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 260, 905 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 8 Prior period adjustments 8 -754 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852, 027 Part XII Financial Statements and Reporting 10 852, 027 Check if Schedule O contains a response or note to any line in this Part XII 10 852, 027 Part XII Financial Statements and Reporting 1 2 X 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 X If "Yes," check a box below to indica		Check if Schedule O contains a response or note to any line in this Part XI			
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 239, 038 3 Revenue less expenses. Subtract line 2 from line 1 3 591, 876 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 260, 905 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 8 Prior period adjustments 8 -754 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852, 027 Part XII Financial Statements and Reporting 10 852, 027 Check if Schedule O contains a response or note to any line in this Part XII 10 852, 027 Part XII Financial Statements and Reporting 1 2 X 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 X If "Yes," check a box below to indica					
3 Revenue less expenses. Subtract line 2 from line 1 3 591,876 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 260,905 5 Net unrealized gains (losses) on investments 5 5 6 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852,027 Part XII Financial Statements and Reporting 7 8 8 -754 9 Check if Schedule O contains a response or note to any line in this Part XII 10 852,027 Part XII Financial Statements and Reporting 10 852,027 2 Vere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2 X	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 260,905 5 Net unrealized gains (losses) on investments 5 6 6 0 7 7 8 Prior period adjustments 8 -754 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852, 027 Part XII Financial Statements and Reporting 10 852, 027 Check if Schedule O contains a response or note to any line in this Part XII Yes Not 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2a X	2	Total expenses (must equal Part IX, column (A), line 25)			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 8 Prior period adjustments 8 -754 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852, 027 Part XII Financial Statements and Reporting 10 852, 027 Check if Schedule O contains a response or note to any line in this Part XII Yes Not 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	3				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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, column (B)) 10 Rest as a column (B) 10 Rest as a column (B) 11 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: 11 Cash 12 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 13 Reporting 14 The organization's financial statements compiled or reviewed by an independent accountant? 15 Separate basis 16 Tresside basis 17 Separate basis	4			260	,905.
7 Investment expenses 7 8 Prior period adjustments 8 -754 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852,027 Part XII Financial Statements and Reporting 10 852,027 Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis a a	5		5		
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 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, column (B)) 10 852,027 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Oconsolidated basis Both consolidated and separate basis 	6	Donated services and use of facilities			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852,027 Part XII Financial Statements and Reporting 10 852,027 Check if Schedule O contains a response or note to any line in this Part XII 10 852,027 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis a a	7	Investment expenses	7		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 852,027 Part XII Financial Statements and Reporting 10 852,027 Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Vestical Statements Yes 1 Accounting method used to prepare the Form 990: Image: Check II Schedule O. Image: Vestical III Schedule O. Yes Notestical III Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Separate basis Image: Separate basis <td< th=""><th>8</th><th></th><th></th><th></th><th></th></td<>	8				
10 852,027 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis	9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
Check if Schedule O contains a response or note to any line in this Part XII Yes 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis X			10	852	,027.
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 X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis If Consolidated basis If the consolidated and separate basis If the consolidated basis	Pa	rt XII Financial Statements and Reporting			
 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. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 		Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
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 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis					res No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	1	· · · · · · · · · · · · · · · · · · ·			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
separate basis, consolidated basis, or both:	2a			2a	<u> </u>
Separate basis Consolidated basis Both consolidated and separate basis			d on a		
	b			2 b	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		· · · · ·	te basis,		
consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С		-		
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		ngle Audit		
				3 a	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Nan	ne of t	the organization						Employer	r identification number		
			A MUSICA						20-3865008		
Pa	rt I	Reason for Public	Charity Status.	(All organizations must of	complete t	his part.) S	See instructio	ns.			
The	organ	nization is not a private found	lation because it is:	(For lines 1 through 12,	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)						
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A))(v).				
7		An organization that norma	ally receives a substa	antial part of its support	from a gov	vernmenta	l unit or from	the general	l public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	d in section 170(b)(1)(A)	(ix) operate	ed in conji	unction with a	ι land-grant	college		
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	of the colleg	je or		
		university:									
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
		income and unrelated busi		e (less section 511 tax) fi	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Co	,								
11		An organization organized	-		•						
12		An organization organized	-	-	-			-			
		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				-		-			
а		Type I. A supporting orga		-	•						
		the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		-		
		control or management o			same perso	ons that co	ontrol or man	age the sup	oported		
_		organization(s). You mus	-								
С		Type III functionally inte	•					ally integrat	ed with,		
ام		its supported organizatio							insticu(s)		
d		Type III non-functionally	• • •					•			
		that is not functionally int requirement (see instruct			-		-	u an alleni	Iveness		
		Check this box if the orga	,	• •		, ,			1		
е		functionally integrated, o					атурет, туре	s ii, Type iii			
f	Ent	er the number of supported				2011011.					
י מ		vide the following information	•	ed organization(s)							
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
									+		
									1		
									1		
				T	1				1		

Schedule A	(Form 9	90) 202

VILLA MUSICA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.										
	ction B. Total Support			1							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources \dots										
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										
	Gross receipts from related activities,	-				12					
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)					
<u> </u>	organization, check this box and stor										
	ction C. Computation of Publ										
	Public support percentage for 2021 (14	%				
	Public support percentage from 2020					15	%				
108	33 1/3% support test - 2021. If the c	•		•							
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o										
N.		•									
17~	and stop here. The organization qual 10% -facts-and-circumstances tes										
110	and if the organization meets the fact	-									
	meets the facts-and-circumstances te			-	-	-					
h	10% -facts-and-circumstances tes	-		• • • •		17a and line 15 is					
i.	more, and if the organization meets the	-									
	organization meets the facts-and-circ				• •						
12	•		•	•							
10	Private foundation. If the organization	IT UIU HUL CHECK A		va, 100, 11d, 01 11	D, UNCOK UNS DOX a		ı∍ ₽ ∟				

Schedule A (Form 990) 2021

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

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

Se	Section A. Public Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	219,806.	234,013.	389,925.	319,454.	910,346.	2073544.				
2	Gross receipts from admissions,										
	merchandise sold or services per-										
	formed, or facilities furnished in any activity that is related to the										
	organization's tax-exempt purpose	711,465.	767,968.	776,924.	681,960.	884,179.	3822496.				
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge \dots										
6	Total. Add lines 1 through 5	931,271.	1001981.	1166849.	1001414.	1794525.	5896040.				
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons	14,193.	11,226.	16,800.	18,990.	12,525.	73,734.				
k	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	77,930.	69,970.				254,032.				
	Add lines 7a and 7b	92,123.	81,196.	54,195.	70,000.	30,252.	327,766.				
	8 Public support. (Subtract line 7c from line 6.) 5568274.										
-	ction B. Total Support	i									
	endar year (or fiscal year beginning in) 🕨	(a) 2017 931,271.	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 6	931,271.	1001981.	1166849.	1001414.	1794525.	5896040.				
10a	Gross income from interest, dividends, payments received on										
	securities loans, rents, royalties,		C	C	10	1.0					
	and income from similar sources		6.	6.	13.	19.	44.				
k	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975				10	10					
	Add lines 10a and 10b		6.	6.	13.	19.	44.				
	Net income from unrelated business activities not included on line 10b,										
	whether or not the business is										
40	regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital										
40	assets (Explain in Part VI.)	031 271	1001087	1166855	1001427.	179/5//	5896084.				
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First 5 years. If the Form 990 is for the	0			•						
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe									
	Public support percentage for 2021 (column (f))		15	94.44 %				
16	Public support percentage from 2020					16	92.75 %				
	ction D. Computation of Inves					10					
				ne 13. column (f))		17	.00 %				
18	Investment income percentage from 2					18	• 00 %				
	a 33 1/3% support tests - 2021. If the						,,,				
	more than 33 1/3%, check this box a						► X				
k	33 1/3% support tests - 2020. If the										
	line 18 is not more than 33 1/3%, che	•									
20	Private foundation. If the organization			•	. ,	•					
-	23 01-04-22		,	,			(Form 990) 2021				
_				15							
~ ~ /		1707 ADTE		7	- A A		37777777777777				

11090515 783218 VILLAMUSICA

2021.06000 VILLA MUSICA

VILLA MUSICA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

132024 01-04-21

16 11090515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

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

132025 01-04-22

```
17
11090515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA
```

Schedule A (Form 990) 2021

2a

2b

За

3b

Yes No

VILLA MUSICA

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

132026 01-04-22

A MUSICA					
A MUSICA		CZ	IS.	MU	Α

Sche	dule A (Form 990) 2021 VILLA MUSICA			2	0-3865008 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				

Schedule A (Form 990) 2021

11090515 783218 VILLAMUSICA

	Section D, lines 5, 6, and 8; and Part V (See instructions.)	, Section E, lines 2, 5, and 6. Also complete this part for an	ly additional information.
32028 01-04-2	2		Schedule A (Form 990)
		20	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
BOARD DONATIONS	14,193.	11,226.	16,800.	18,990.	12,525
otal to Schedule A, art III, Line 7a	14,193.	11,226.	16,800.	18,990.	12,525

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
PRIOR YEAR	77,930.	69,970.	37,395.	51,010.	0
LA JOLLA COUNTRY DAY SCHOOL	0.	0.	0.	0.	17,727
Fotal to Schedule A, Part III, Line 7b	77,930.	69,970.	37,395.	51,010.	17,727

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

20-3865008

2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2021	2021 Excess Payments
A JOLLA COUNTRY DAY SCHOOL	35,672.	17,727
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		17,727

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

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.



Name of the organization

VILLA	MUSICA
•	

Employer identification number 20-3865008

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	organization answered fres on Form 990, Part IV, in	(a) Donor advised funds	(b)	Funds and other accounts	
		(a) Donor advised funds	(0)		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
_	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se conferrin		
De		· · · · · · · · · · · · · · · · · · ·			
Pa		*), Part IV, IIr	le 7.	
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (for example, recrea			ally important land area	
	Protection of natural habitat		of a certified	d historic structure	
-	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a cons	Held at the End of the Tax Year	
	day of the tax year.				
-	Total number of conservation easements			2a	
b	c , , , , , , , , , ,			2b	
c	Number of conservation easements on a certified historic str			20	
d	Number of conservation easements included in (c) acquired				
•	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	ne organiza	ation during the tax	
	year				
4	Number of states where property subject to conservation ea		-		
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation	easements during the year	
-					
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation ease	ments during the year	
•	\$	a action the requirements of acation 1	70/b\/ <i>4</i> \/D\/i\		
8					
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati				
9	balance sheet, and include, if applicable, the text of the foot				
	organization's accounting for conservation easements.	The organization's marcial state		describes the	
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or	Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form				
	If the organization elected, as permitted under FASB ASC 95	58. not to report in its revenue statemen	t and balan	ce sheet works	
	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these it	ems.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	d balance s	heet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
	AND A			► \$	
2	If the organization received or held works of art, historical tre			ovide	
	the following amounts required to be reported under FASB A		2 /1		
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$	
b	Assets included in Form 990, Part X			\$	
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021	
13205	1 10-28-21			-	

26

2021.06000 VILLA MUSICA 11090515 783218 VILLAMUSICA

Sche	dule D (Form 990) 2021 VILLA M	USICA						20-38	65008	B Pa	ige 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I []	Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o							_	-		,
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t	Ending balance								N		
	Did the organization include an amount on Fe								Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it]
I ui		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	back
10	Beginning of year balance	(a) carrone your	(2)!	nor your	(0)		(u)	ouro suom	(0) • 0 41	jouro	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
e	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end halanc	l ce (line 1	a column (;	I a)) held as:						
	Board designated or quasi-endowment		%	g, oolanni (e							
	Permanent endowment	%									
		/0 %									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	at are held a	nd administe	ered for t	he organiz	ation			
	by:	5					5		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate preciation	d	(d) Book	value	9
1a	Land				_						_
b	Buildings			5	5,138.		18,7	76.	36	5,30	52.
с	Leasehold improvements						-		_		
d	Equipment				8,721.		6,9			.,80	
	Other				7,616.		117,1	36.),48	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)				88	3,64	48.

Schedule D (Form 990) 2021

132052 10-28-21

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value	
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(E)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	on Form 000 Dart IV lin	a 11a Saa Farm 000 Bart V lina 12		
Complete if the organization answered "Yes" (a) Description of investment			of yoor market yolyo	
	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
,,,				
Part IX Other Assets.				
	I on Form 990, Part IV, lin	l e 11d. See Form 990, Part X, line 15.		
Part IX Other Assets. Complete if the organization answered "Yes"	ı on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, Part X, line 15.		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT	Description	e 11d. See Form 990, Part X, line 15.	403,321	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4)	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5)	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (6)	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7)	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (8)	Description	e 11d. See Form 990, Part X, line 15.	403,321 6,027	
Part IX Other Assets. Complete if the organization answered "Yes" (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) (3) MISC (4) (5) (6) (7) (8) (9) (9)	Description RECEIVABLE	e 11d. See Form 990, Part X, line 15.	403,321 6,027 4,589	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description RECEIVABLE	e 11d. See Form 990, Part X, line 15.	(b) Book value 403,321 6,027 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description RECEIVABLE e 15.)		403,321 6,027 4,589	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description RECEIVABLE e 15.)		403,321 6,027 4,589	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) (a) (1) EMPLOYEE RETENTION CREDIT (2) (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) (a) (a) <th co<="" td=""><td>Description RECEIVABLE e 15.)</td><td></td><td>403,321 6,027 4,589 4,589 413,937</td></th>	<td>Description RECEIVABLE e 15.)</td> <td></td> <td>403,321 6,027 4,589 4,589 413,937</td>	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description RECEIVABLE e 15.)		403,321 6,027 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description RECEIVABLE e 15.)		403,321 6,027 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (1) EMPLOYEE RETENTION CREDIT (2) RENTAL DEPOSIT (3) MISC (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description RECEIVABLE e 15.)		403,321 6,027 4,589 4,589 413,937	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 VILLA MUSICA		20-38650	08 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Reve		_
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	s	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part XII Reconciliation of Expenses per Audited Financia	I Statements With Expe	enses per Return.	
Complete if the organization answered "Yes" on Form 990, Part		i	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li			
Part XIII Supplemental Information.			

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

Part X, Line 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS
ADDRESSED IN FASB ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION
RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX
POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE. THERE ARE
NO AMOUNTS ACCRUED IN THE FINANCIAL STATEMENT RELATED TO UNCERTAIN TAX
POSITIONS FOR THE YEAR ENDED JUNE 30, 2022.

132054 10-28-21

11090515 783218 VILLAMUSICA

SCHEDULE O

(Form 990) Department of the Treasury

Internal Revenue Service Name of the organization



20-3865008

VILLA MUSICA

Form 990, Part I, Line 1, Description of Organization Mission:

MUSIC THROUGH EDUCATION, PERFORMANCE, AND COMMUNITY ENGAGEMENT. VILLA

MUSICA STRIVES TO BE A LEADER IN PROVIDING ACCESS TO HIGH QUALITY MUSIC

EDUCATION TO STUDENTS OF ALL AGES AND ABILITIES. WE WILL CONTINUE TO

BUILD A BROAD RANGE OF PROGRAMS THAT SERVE THE SAN DIEGO COMMUNITY AT

OUR MAIN CAMPUS, NEIGHBORHOOD SATELLITES, WITH PATENERING ORGANIZATIONS

AND SCHOOLS.

Form 990, Part III, Line 1, Description of Organization Mission:

AGES AND ABILITIES. WE WILL CONTINUE TO BUILD A BROAD RANGE OF PROGRAMS

THAT SERVE THE SAN DIEGO COMMUNITY AT OUR MAIN CAMPUS, NEIGHBORHOOD

SATELLITES, WITH PATENERING ORGANIZATIONS AND SCHOOLS.

Form 990, Part VI, Section A, line 2:

THE HUSBAND OF THE EXECUTIVE DIRECTOR WORKS AT THE ORGANIZATION.

Form 990, Part VI, Section B, line 11b:

A DRAFT VERSION OF THE RETURN IS SENT TO THE FINANCE COMMITTEE FOR REVIEW

AND APPROVAL PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c:

COMPLIANCE WITH CONFLICT OF INTEREST POLICY IS DISCUSSED REGULARLY IN BOARD OF DIRECTORS MEETINGS. THE CONFLICT OF INTEREST POLICY IS PART OF THE BOARD MANUAL, WHICH IS REVIEWED DURING THE INSTATEMENT OF EACH BOARD MEMBER.

Form 990, Part VI, Section B, Line 15:LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2021132211 11-11-213011090515 783218 VILLAMUSICA2021.06000 VILLA MUSICAVILLAMU1

Name of the organization VILLA MUSICA	Employer identification numb 20-3865008
HE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMIN	NED THROUGH A REVIEW
OF GUIDANCE SET FORTH THROUGH THE NATIONAL GUILD FOR CO	OMMUNITY ARTS
XUCATION. THE BOARD OF DIRECTORS APPROVES THE BUDGET,	WHICH INCLUDES
COMPENSATION.	
Form 990, Part VI, Section C, Line 19:	
OVERNING DOCUMENTS AND FINANCIALS STATEMENTS ARE AVAI	LABLE UPON REQUEST.
³²²¹² ¹¹⁻¹¹⁻²¹ 31 90515 783218 VILLAMUSICA 2021.06000 VILLA MUSICA	Schedule O (Form 990) 20 VILLAMU

1