THE MUSE MACHINE, INC. 126 NORTH MAIN STREET DAYTON, OH 45402

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** THE MUSE MACHINE, INC. 31-1028673 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 126 NORTH MAIN STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45402 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of RUTH REVEAL 126 NORTH MAIN STREET - DAYTON, OH 45402 Telephone No. 937-222-6873 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or X tax year beginning _____ JUL 1 ___, 20 <u>23</u>__, and ending _____ JUN 30 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Department of the Treasury Internal Revenue Service

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

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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 516, 69 516, 69 516, 69 517, 972 65, 68 67, 205, 76 67, 205, 76 75, 97	<u> </u>
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 36 7 8 8 1, 37 6, 88 1, 37 6,	5. 506,303.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 36 7 8 8 1, 37 6, 88 1, 37 6,	0. 0.
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19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 February 19 Revenue less expenses. Subtract line 18 from line 12 24 Beginning of Current Y 6, 205, 76 75, 97	
Beginning of Current Y Step 20 Total assets (Part X, line 16) 6,205,76 21 Total liabilities (Part X, line 26) 75,97 22 Net assets or fund balances. Subtract line 21 from line 20 6,129,79	
2 Net assets or fund balances. Subtract line 21 from line 20	
2 Net assets or fund balances. Subtract line 21 from line 20	
2 Net assets or fund balances. Subtract line 21 from line 20	
Part II Signature Block	0,330,179.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowledge and helief it is
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	in my knowledge and belief, it is
100, corrod, and complete. Decimation of property (early main emission) to become an an information of which property has any knowledge.	
Signature of officer Date	
Here RUTH REVEAL, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Che	k PTIN
	P00664457
Preparer Firm's name BRADY, WARE & SCHOENFELD, INC. Firm's EIN	
Jse Only Firm's address 3601 RIGBY ROAD SUITE 400	35-1476702
	35-14/6/02
May the IRS discuss this return with the preparer shown above? See instructions	937-223-5247 X Yes No

Total program service expenses

11390310 795339 15297.000

742.

929.

Form 990 (2023)

Form 990 (2023) THE MUSE MACHINE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
_	Schedule D, Part III	8		
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		37	
	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,			
	Part VI	11a	_X_	
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	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		37	
	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

Form 990 (2023) THE MUSE MACHINE, INC.

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		163	
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		Х
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Schedule K. If "No," go to line 25a	24a		<u>X</u>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?			<u> </u>
d 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			37
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
Schedule L, Part I	25b		
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	26		Х
controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controller	d		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	I		Х
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
"Yes," complete Schedule L, Part IV			_X_
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>
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			Х
Schedule N, Part II	32		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	34		х
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	I		
If "Yes," complete Schedule R, Part V, line 2	I		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		<u>X</u>
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	
Part 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	<u></u>		
1.1	41	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	41		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
(apple the about a reference to a reference and	1c	х	
(gambling) winnings to prize winners? 332004 12-21-23		990	(2023)

Form 990 (2023) THE MUSE MACHINE, INC. 31-1028673 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)
Yes No

				162	INO					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 11								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
За			3a 3b		Х					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			\ . .					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country	(50.45)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	3 1 7 1 7 3 7									
	, , , , , , , , , , , , , , , , , , , ,									
	 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 									
6a	and the first and the form of the standard and the standa		6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	one or gifte	- Oa							
	was and have dealers the O		6b							
7	Organizations that may receive deductible contributions under section 170(c).		0.5							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х					
	TENSE II I'I II I I I I I I I I I I I I I I	nood promada to the payor.	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?		7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х					
f										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9										
a	, , , , , , , , , , , , , , , , , , , ,									
b	, , , , , , , , , , , , , , , , , , , ,									
10	Section 501(c)(7) organizations. Enter:	ا مدا								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	T I a	1							
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1							
а	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			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				,					
	excess parachute payment(s) during the year?		15		X					
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

332005 12-21-23

Form **990** (2023)

THE MUSE MACHINE, INC. 31-1028673 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

45402

OH

RUTH REVEAL - 937-222-6873 126 NORTH MAIN STREET, DAYTON,

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

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

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

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

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

- 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.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) RUTH REVEAL	40.00	_								44 004	
EXECUTIVE DIRECTOR	1 00			Х				90,000.	0.	11,324.	
(2) CHERYL REICHEL	1.00	ļ									
CHAIR	1 00	Х		Х				0.	0.	0.	
(3) IRA THOMSEN	1.00	.,									
IMMEDIATE PAST CHAIR	1 00	Х		Х				0.	0.	0.	
(4) KAREN CRIM	1.00	٠,,		,,					_		
TREASURER, CHAIR, FINANCE (5) SARAH KUNESH	1.00	X		Х				0.	0.	0.	
(5) SARAH KUNESH SECRETARY	1.00	х		х				0.	0.	0.	
(6) HOLLY ALLEN	1.00	^		Δ				1	0.	· ·	
CHAIR STRATEGIC PLANNING	1.00	Х		Х				0.	0.	0.	
(7) JIM AHRNS	1.00	^		^				0.	0.	0.	
TRUSTEE	1.00	х						0.	0.	0.	
(8) JEFFREY BROWN	1.00	22						-	0.	<u>.</u>	
TRUSTEE	1,00	х						0.	0.	0.	
(9) NICOLAS DAVIS	1.00										
TRUSTEE		х						0.	0.	0.	
(10) KELSEY MINCHEFF	1.00								<u> </u>		
TRUSTEE		Х						0.	0.	0.	
(11) SHARON NEUMEISTER	1.00							-	-	-	
TRUSTEE		Х						0.	0.	0.	
(12) LUCIOUS PLANT	1.00										
TRUSTEE		Х						0.	0.	0.	
(13) MARTHA-JEANETTE RODRIGUEZ	1.00										
TRUSTEE		Х						0.	0.	0.	
(14) DERON SCHWIETERMAN	1.00										
TRUSTEE		Х						0.	0.	0.	
(15) ELI SPERRY	1.00										
TRUSTEE		Х						0.	0.	0.	
]									
		<u> </u>									
		1									
										Form 990 (2022)	

Form **990** (2023)

Form 990 (2023) THE MUSE	MACHINE	١,	IN	C.					31-10	28673 Pag	ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	office of soot	not ch unles	s per	nore frector	Highest compensated than one of the second than the second that the second thas the second that the second that the second that the second tha	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	other compensation	on n
								00.000		11.20	
1b Subtotal c Total from continuation sheets to Part VI								90,000.			0.
d Total (add lines 1b and 1c)								90,000 • eceived more than \$100,		0. 11,32	
compensation from the organization										Yes	0 No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	uch individual									3	<u>X</u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	or such individual		4	<u>X</u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con										5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	nsation from	
the organization. Report compensation for (A) Name and business					ith o	or Wit	hin	the organization's tax y (B) Description of s		(C) Compensation	
- Name and Business	addicoo	INC	ONE					- Description of a	OI VIOCO	Compensation	
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	l to t	thos		ted	above) who received mo	ore than		
									•	Form 990 (20)23)

Part VIII Statement of		
Form 990 (2023)	HE	MUS

1 a Federated campagns 1a				Check if Schedule O contains a response	nse (or note to any lin	e in this Part VIII			
Total Add lines 2nd				oricon il corredule o containo a respe	71100 (or rioto to arry iii		(B)	(C)	(D)
1 a Federated campaigns 1 a Federated ca							Total revenue			
1 a Federated campaigns 1 a 1 a 1 b								function revenue	business revenue	
b Membership dues the	$\overline{}$									SECTIONS 212 - 214
STUDENT PROGRAMS	nts tts			. •						
STUDENT PROGRAMS	ir our		b	Membership dues 1b						
STUDENT PROGRAMS	S, O		С	Fundraising events1c		3,851.				
STUDENT PROGRAMS	ij,		d	Related organizations 1d						
STUDENT PROGRAMS	s, C		е	Government grants (contributions) 1e		73,234.				
STUDENT PROGRAMS	Sign		f	All other contributions, gifts, grants, and						
STUDENT PROGRAMS	be E					684,803.				
STUDENT PROGRAMS	걸		a							
STUDENT PROGRAMS	Š		•		-	•	761.888.			
2 a STUDENT PROGRAMS 5 CHOOL PROGRAMS 711110 177,762. 173,762. 173,762. 172,762. 173	<u> </u>		<u></u>	Total Add Into Ta 11		Business Code				
SCHOOL PROGRAMS T11110	_	^	_	STILLENT DECCEVES			177 2/19	177 2/19		
g Total. Add lines 2a-2f	ice									
g Total. Add lines 2a-2f	er ne									
g Total. Add lines 2a-2f	n S									
g Total. Add lines 2a-2f]rar Se√		d	TICKET SALES		/11110	14,040.	14,040.		
g Total. Add lines 2a2f 425 , 858 . 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 (ii) Real (iii) Personal 6 a Gross rents 6 (iii) Real (iii) Personal 6 (iii) Real (iii) Real (iii) Personal 6 (iii) Real	o J									
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	Δ.						405 050			
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 6 c d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code			g				425,858.			
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4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 b Less: rental expenses c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 a B Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code				other similar amounts)						
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6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		5		Royalties						
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c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,851. of contributions reported on line 1c). See Part IV, line 18 8 20,624. c Net income or (loss) from fundraising events 9,435. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9b	ø		D							
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9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code			b	Less: direct expenses	8b	20,624.				
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code			С	Net income or (loss) from fundraising ever	nt <u>s</u>		9,435.			9,435.
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory		9	а	Gross income from gaming activities. See	:					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code				Part IV, line 19	9a					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code			b	Less: direct expenses	9b					
and allowances 10a 10b c Net income or (loss) from sales of inventory Business Code			С	Net income or (loss) from gaming activitie	s					
b Less: cost of goods sold		10	а	Gross sales of inventory, less returns						
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Backenne Backenne C C C C C C C C C C C C C C C C C C				, ,		Business Code				
Besegnan	sno	11	а							
Bevel C All other revenue	ne Jue									
S H All other revenue	ella vei									
· I U All other revenue	SC Be			All other revenue						
e Total. Add lines 11a-11d	Σ									
12 Total revenue. See instructions 1,197,181. 425,858. 0. 9,435.							1,197,181.	425,858.	0.	9,435.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 7,800. 7,800. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101,323. 55,728. 35,463. 10,132. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 318,723. 186,188. 38,842. 93,693. Other salaries and wages 7 Pension plan accruals and contributions (include 37,755. 23,599. 8,400. 5,756. section 401(k) and 403(b) employer contributions) 6,575. 7,311. 14,466. 580. Other employee benefits 9 34,036. 19,898. 6,005. 8,133. 10 Payroll taxes Fees for services (nonemployees): Management Legal 90,294. 90,294. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,028 35,028. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 55,091. 21,385. 18,407. 15,299. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,343. 5,343. Depreciation, depletion, and amortization 22 13,220. 7,555. 3,776. 1,889. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 243,601. 243,601. MUSICAL TEACHER PROF DEV 167,010. 167,010. 77,501. 77,501. SECONDARY 15,891. 49,382. 15,235. 18,256. d MKTG AND DEV 11,234. 110,683. 96,275. 3,174. e All other expenses 1,361,256. 929,742. 274,602. 156,912. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		345,530.	1	291,205.	
	2	Savings and temporary cash investments			27,995.	2	88,051.
	3	Pledges and grants receivable, net		132,075.	3	91,802.	
	4	Accounts receivable, net		-6,434.	4	4,691.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial cor	ntributor, or 35%			
		controlled entity or family member of any of t	hese persons	s		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	B			22,279.	9	16,257.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	158,217.			
	b	Less: accumulated depreciation	10b	148,546.	15,014.	10c	9,671. 58,659.
	11	Investments - publicly traded securities		111,228.	11	58,659.	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,558,079.	15	6,054,336.	
	16	Total assets. Add lines 1 through 15 (must e		l l	6,205,766.	16	6,614,672.
	17	Accounts payable and accrued expenses			43,058.	17	52,484.
	18	Grants payable		18			
	19	Deferred revenue	4,161.	19	2,494.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or f	ormer officer	, director,			
ij		trustee, key employee, creator or founder, su	bstantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese person:	s		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third par	ties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). C	Complete Part X			04 545
		of Schedule D			28,752.		21,515.
	26	Total liabilities. Add lines 17 through 25			75,971.	26	76,493.
"		Organizations that follow FASB ASC 958, or	check here	X			
č		and complete lines 27, 28, 32, and 33.			2 261 200		COE 70E
alar a	27	Net assets without donor restrictions			2,261,289.	27	695,705.
Ä	28	Net assets with donor restrictions			3,868,506.	28	5,842,474.
Ĕ		Organizations that do not follow FASB AS6	C 958, check	k here			
F		and complete lines 29 through 33.					
ţs	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			6 100 DOE	31	6 E20 170
Š	32	Total net assets or fund balances			6,129,795.	32	6,538,179.
	33	Total liabilities and net assets/fund balances			6,205,766.	33	6,614,672.

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,36	1,2	<u>56.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-16	4,0	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,12	9,7	95.
5	Net unrealized gains (losses) on investments	5	10	2,5	96.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	46	9,8	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,53	8,1	<u>79.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

THE MUSE MACHINE, INC. Employer identification number 31-1028673

Pa	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.						
The	organ	nization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local government	•				` '						
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or					
		university:											
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
	See section 509(a)(2). (Complete Part III.)												
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or					
	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on												
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
á	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting					
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	ving					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
(; [Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
(i 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness					
		requirement (see instructi	-		•		•						
6	, [Check this box if the orga											
		functionally integrated, or											
1	Ente	er the number of supported o	organizations										
ç	Pro	vide the following informatior	about the supporte	d organization(s).				•					
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				,,									
Tot	al												

332021 12-21-23

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

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	606,920.	870,526.	598,919.	637,101.	761,888.	3475354.
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	606,920.	870,526.	598,919.	637,101.	761,888.	3475354.
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)						12,999.
6	Public support. Subtract line 5 from line 4.						3462355.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	606,920.	870,526.	598,919.	637,101.	761,888.	3475354.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	96,557.	22,972.	283,728.	175,500.		578,757.
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.)			45,924.			45,924.
11	Total support. Add lines 7 through 10						4100035.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,605,964.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	84.45 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	83.01 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2023

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	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т			T	ı	_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustisatis	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,				16	%
	ction D. Computation of Inves					, ,	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	2		,	,			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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.)

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Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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			
		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	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		
Sect	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		
Sect	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			
C1	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	uctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	2h		
	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If Test Descript III i with the file fold Diaved by the organization in this redain	-N		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
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.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
1	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2023

6

7

8

6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive

7

9	Distributable amount for 2023 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) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
	Excess from 2020				
<u>C</u>	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE MUSE MACHINE, INC.

Employer identification number

31-1028673

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page

Name of organization

Employer identification number

THE MUSE MACHINE, INC.

31-1028673

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution	
1	MONTGOMERY COUNTY ARTS & CULTURAL DISTRICT 117 S MAIN STREET SUITE 5100 DAYTON, OH 45422	\$8	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VIRGINIA KETTERING FOUNDATION 200 COMMONS RD DAYTON, OH 45459	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AES OHIO FOUNDATION PO BOX 1247 DAYTON, OH 45401	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OHIO ARTS COUNCIL 30 E BROAD ST STE 33 COLUMBUS, OH 43215	\$50,716.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DOUG AND SHARON SCHOLZ 7300 YORKSHIRE DRIVE DAYTON, OH 45414	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LAURIE G. STREIT COD TRUST 1401 S. MAIN STREET, SUITE 100 DAYTON, OH 45409	\$35,798.	Person X Payroll

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

THE MUSE MACHINE, INC.

31-1028673

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE MUSE MACHINE, INC. 31-1028673 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE MUSE MACHINE, INC.

Employer identification number 31-1028673

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts.						
4	Total number at and of year	(a) Donor advised funds	, ,	b) i unus and other accounts		
1 2	Total number at end of 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	L writing that the assets held in do	nor advised fund	de .		
Ū	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 o					
		······································				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Fo	orm 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Prese	rvation of a histo	orically important land area		
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in	the form of a cor			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru	*****		2c		
d	Number of conservation easements included on line 2c acqu					
_	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminat	ed by the organi	zation during the tax		
	year					
4 5	Number of states where property subject to conservation eas		adling of			
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		•	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,					
·	g, mepeemig,		og	caccinicinic dailing and year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements during the year		
	3, 1	, ,		<i>,</i>		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of sect	ion 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and	expense statem	ent and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financi	al statements tha	at describes the		
_	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of	•	s, or Other S	ımılar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub	,		nce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	ch in furtherance	of public service,		
	provide the following amounts relating to these items.			•		
	(i) Revenue included on Form 990, Part VIII, line 1					
•		an was an ather similar assets fo				
2	If the organization received or held works of art, historical tre		r iinanciai gain, p	provide		
_	the following amounts required to be reported under FASB A			\$		
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche		MACHINE,					31	L-10	2867	3 р	_{'age} 2
Par	t III Organizations Maintaining Col								(conti	nued)	
3 a b	Using the organization's acquisition, accession, collection items (check all that apply). Public exhibition Scholarly research	and other records d e	L	oan or exc	following that m		ficant use	of its			
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explain	how the	ey further th	ne organization's	s exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations o	of art, hist	torical treas	sures, or other s	imilar as	sets				
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange	ments Complet	te if the c	organization	answered "Yes	s" on For	m 990, Pa	art IV, li	ne 9, or		
	reported an amount on Form 990, Part X	(, line 21.									
1a	Is the organization an agent, trustee, custodian	, or other intermed	liary for c	contribution	s or other asset	ts not inc	luded				
	on Form 990, Part X?							\square	Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII and										
									Amour	ıt	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Forr								Yes		No
b	If "Yes," explain the arrangement in Part XIII. Cl	neck here if the exp	planation	has been	provided in Parl	XIII					
Par	t V Endowment Funds Complete if th	e organization ans	wered "\	es" on For	m 990, Part IV,	line 10.					
		(a) Current year	(b) Pr	rior year	(c) Two years b	ack (d)	Three year	rs back	(e) Fou	r years	back
1a	Beginning of year balance	4,232,864.	4,	056,060.	4,122,0	025.	3,205	,295.	3	,119,	,349.
	Contributions	50,659.		9,601.	182,9	923.	551	,400.	0. 274		,736.
	Net investment earnings, gains, and losses	259,257.		167,203.	-885,0	90.	365	365,330.		-188,790	
	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
	End of year balance	4,542,780.	4,	232,864.	3,419,8	358.	4,122	,025.	3	,205,	,295.
2	Provide the estimated percentage of the curren	t year end balance	e (line 1g,	, column (a)) held as:						
а	Board designated or quasi-endowment	8.8020	_%								
b	Permanent endowment 87.5230	%									
С	Term endowment3.6750_%										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possessi		tion that	are held ar	nd administered	for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	Х	
	(ii) Related organizations?								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the or										
Par	t VI Land, Buildings, and Equipmer										
	Complete if the organization answered "		, Part IV,	line 11a. S	ee Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or ot basis (investm	ther	(b) Cost	or other (other)	(c) Accu	ımulated ciation		(d) Boo	k valu	ie
1a	Land										

Schedule D (Form 990) 2023

148,546.

9,671.

9,671.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

158,217.

Schedule D (Form 990) 2023 THE MUSE MACE Part VIII Investments - Other Securities	CHINE, INC.	31	-1028673 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
	ETS HELD BY	OTHERS	6,032,821.
(2) RIGHT OF USE ASSET			21,515.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D))		6,054,336.
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		0,054,550.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightity.			(b) Book value
(1) Federal income taxes			(2) 20011 14.40
(2) CURRENT OPERATING LEASE			
(3) LIABILITIES			6,199.
(4) LONG-TERM OPERATING LEASE			· · · · · · · · · · · · · · · · · · ·
(5) LIABILITIES			15,316.
(6)			13,310.
(7)			
(8)			
(9)			
Total (Calumn /h) must agual Farm 000 Part V line 25 agu	(D))		21 515.

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 THE MUSE MACHINE, INC.			31-3	1028673 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			1 000 544
1				1	1,820,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	100 506		
a	Net unrealized gains (losses) on investments		102,596.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants	1 1	520,767.	-	
d	Other (Describe in Part XIII.)			-	623,363.
e	Add lines 2a through 2d			2e 3	1,197,181.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,157,101.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)			-	
				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	1,197,181.
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,412,160.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d	50,904.		
е	Add lines 2a through 2d			2e	50,904.
3	Subtract line 2e from line 1			3	1,361,256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,361,256.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part >	K, line 2; Part XI,
PAF	RT V, LINE 4:				
DOU	IGLAS AND SHARON SCHOLZ ATTS FUND IS FOR T	THE PURE	OSE OF PRO	VID	ING
FUN	IDING FOR THE ADVANCED TEACHER TRAINING SE	EMINAR (ATTS).		
SAF	RA EXLEY MEMORIAL FUND WAS ESTABLISHED FOR	R THE EX	CLUSIVE PU	RPOS	SE OF
SUE	PPORTING CULTURAL ENRICHMENT AND PROFESSION	ONAL DEV	ELOPMENT P	ROGI	RAMS TO
EME	PHASIZE THE VALUE AND ENCOURAGE THE PRACT	CE OF A	ARTS IN EDII	САТ	ION FOR
	E ORGANIZATION'S TEACHERS OF PRE-KINDERGAR				
111	ONGANIZATION S TEACHERS OF PRE-KINDERGAN	TEN LUL	COGH IMELF	TU (3NADE
STU	JDENTS.				

LORNA DAWES STUDENT EDUCATION FUND WAS ESTABLISHED FOR THE EXCLUSIVE PURPOSE OF PROVIDING ANNUAL, UNRESTRICTED OPERATING REVENUE FOR THE

11390310 795339 15297.000

STUDENT PROGRAMS.

MUSE MACHINE MUSICAL ENDOWMENT FUND (HONORING NAT HORNE AND DAVID DUSING)

WAS ESTABLISHED FOR THE EXCLUSIVE PURPOSE OF PROVIDING ANNUAL,

UNRESTRICTED OPERATING REVENUE FOR THE MUSICAL.

CHERIE MESCHER SCHOLARSHIP FUND WAS ESTABLISHED TO PROVIDE ANNUAL SUPPORT FOR STUDENTS IN THE CENTERVILLE CITY SCHOOLS.

SUZY AND PINO BASSANI ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE ANNUAL,

UNRESTRICTED OPERATING REVENUE TO ENHANCE THE ACTIVITIES, PROGRAMS AND

OPERATIONS OF THE ORGANIZATION.

HAMPDEN W. AND ERMA R. CATTERTON FUNDS ARE HELD IN A PERPETUAL TRUST

ENTITLED THE MUSE MACHINE TRUST FUND. SEE NOTE 7 FOR ADDITIONAL

INFORMATION.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR

EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX

RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT"

OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT

PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE

RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS

"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION,

INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED

UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION.

ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)
IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER
THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING
AUTHORITY. NO SIGNIFICANT UNCERTAIN TAX POSITIONS EXIST AS OF JUNE 30,
2024 AND 2023.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE IN BENEFICIAL INTEREST IN ASSETS HELD BY
OTHERS 469,863.
IN KIND SERVICES 30,280.
SPECIAL EVENTS 20,624.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 520,767.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
IN KIND SERVICES 30,280.
SPECIAL EVENTS 20,624.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 50,904.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 31-1028673 THE MUSE MACHINE, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-			s greater than \$5,000.	
			(a) Event #1 MUSICAL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	33,910.			33,910.	
	2	Less: Contributions	3,851.			3,851.	
	3	Gross income (line 1 minus line 2)	30,059.			30,059.	
	4	Cash prizes					
s	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs	2,565.			2,565.	
irect E	7	Food and beverages	13,836.			13,836.	
	8	Entertainment	3,923.			3,923.	
	9	Other direct expenses	300.			3,923. 300.	
		Direct expense summary. Add lines 4 through	. ,			20,624.	
Pa	11 rt l			000 Port IV line 10, or a		9,435.	
<u> </u>		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or i	eported more than		
		\$ 10,000 cm cm coc ==, m c ca.	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
eve.							
	1	Gross revenue					
	2	Cash prizes					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes%	Yes %		
	6	Volunteer labor	L No	L No	No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		,g	(a)				
		ter the state(s) in which the organization condu					
a Is the organization licensed to conduct gaming activities in each of these states?							
b	If "	No," explain:					
	_						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No	
b	If "`	Yes," explain:					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE MUSE MACHINE, INC. 31	TUZO	<u>0/3</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш¹	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	THE	MUSE MACHINE,	INC.	31-1028673	Page 4
Part IV	(Form 990) Supplemental Inform	nation	(continued)			
			1			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organizat			T110					Employer identification number
Part I General II	THE MUSE	MACHINE,	INC.					31-1028673
	zation maintain records							
2 Describe in Part	ward the grants or assist IV the organization's pro	ocadures for monit	oring the use of grant	funds in the United	I States			
	d Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any
	hat received more than					amzanom amoworda m	00 0111 01111 000,1 411	. 1V, 1110 21, 101 arry
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	per of section 501(c)(3) a	•		e line 1 table	<u> </u>			

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
DENT SCHOLARSHIPS	9	7,800.	0.		
t IV Supplemental Information. Provide the information	ation required in Part I. line	e 2: Part III. column	(b): and any other ac	I ditional information.	
		, · · · · , · · · · · · · · · · · · · ·	(a), and any a second		

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

THE MUSE MACHINE, INC.

Employer identification number 31-1028673

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TICKETS - TICKETS PURCHASED FOR THE STUDENTS AND TEACHERS FOR VARIOUS

ART PERFORMANCES.

EXPENSES \$ 46,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,040.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR, CONTRACT

ACCOUNTING FIRM, AND BOARD TREASURER BEFORE IT IS FILED. ALL TRUSTEES ARE

PROVIDED WITH A COPY OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, NEW CONFLICT OF INTEREST FORMS ARE DISTRIBUTED; CONCERNS THAT

MAY PRESENT A CONFLICT ARE ADDRESSED AT THAT TIME. IN ADDITION, THERE IS A

REVIEW OF POTENTIAL CONFLICT WITH EACH ACTION ITEM, AND IF THERE IS A

CONFLICT, BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON

THAT ITEM.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S ANNUAL REVIEW AND COMPENSATION IS REVIEWED BY THE
BOARD CHAIR. THE APPROVED AMOUNT IS THEN FORWARDED TO THE CONTRACT

ACCOUNTING FIRM TO INCORPORATE INTO PAYROLL. THE KEY EMPLOYEES'

SALARIES/INCREASES ARE REVIEWED IN TOTAL BY THE BOARD DURING THE BUDGET

PROCESS. ANY LARGE OR UNUSUAL INCREASES ARE DISCUSSED INDIVIDUALLY BY THE

EXECUTIVE DIRECTOR WITH THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE MUSE MACHINE, INC.	Employer identification number 31-1028673
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATE	MENTS ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE IN BENEFICIAL INTEREST	469,863.
PART XII LINE 2C	
NOTHING HAS CHANGED	