# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public

Inter	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates			Inspection		
Α	For the	e 2020 calend	dar year, or tax year beginning ${ m Jul}1$ , 2020, and endir	ng Ju	n 30	, <b>20</b> 21		
в	Check if	f applicable:	C Name of organization PRESENT MUSIC, INC.		D Emple	oyer identification number		
	Address	s change	Doing business as	39-1	438119			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial re	turn	3720 NORTH FRATNEY STREET		(414	)644-1126		
	Final ret	urn/terminated						
	Amende	ed return	MILWAUKEE, WI 53212		G Gross	receipts \$ 252,906.		
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	up return fo	or subordinates? 🗌 Yes 🛛 No		
			JESSICA FRANKEN, 3720 N. FRATNEY, MILAUKEE, WI 532	212 <b>H(b)</b> Are all su	Ibordinat	es included? 🗌 Yes 🗌 No		
I	Tax-exe	empt status:	X         501(c)(3)         501(c) (         ) ◀ (insert no.)         4947(a)(1) or         527	If "No," a	ttach a li	st. See instructions		
J	Website	e:► www.p	resentmusic.org	H(c) Group ex	emption	number 🕨		
		organization: 🗙	Corporation Trust Association Other L Year of form	ation: 1982	M State	of legal domicile: WI		
P	art I	Summa						
	1	Briefly des	cribe the organization's mission or most significant activities: PRESENT	MUSIC ENGAGES ARTIS	STS AND A	UDIENCES IN IMAGINATIVE AND		
Activities & Governance		PROVOCA	TIVE EXPERIENCES WITH NEW MUSIC THROUGH ENSEM	BLE PERFORM	IANCE	<i>ı</i>		
nar			ON AND COMMISSIONING.					
ver	2		box $\blacktriangleright$ if the organization discontinued its operations or disposed		25% of	its net assets.		
ဗိ	3		voting members of the governing body (Part VI, line 1a)		3	9		
کە م	4		independent voting members of the governing body (Part VI, line 1b		4	9		
itie	5		per of individuals employed in calendar year 2020 (Part V, line 2a)		5	3		
žť	6	Total numb	per of volunteers (estimate if necessary)		6	25		
¥	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.		
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year		Current Year		
e	8		ons and grants (Part VIII, line 1h)		336.	229,245.		
Revenue	9	•	ervice revenue (Part VIII, line 2g)	40,	046.	20,396.		
Sev	10		income (Part VIII, column (A), lines 3, 4, and 7d)		44.	3,265.		
-	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		140.			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,	566.	252,906.		
	13		I similar amounts paid (Part IX, column (A), lines 1–3)					
	14		aid to or for members (Part IX, column (A), line 4)					
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	57,	717.	44,890.		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)					
ă	b		aising expenses (Part IX, column (D), line 25) ► 8,469.					
ш	17	•	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	177,		204,587.		
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	235,		249,477.		
	19	Revenue le	ess expenses. Subtract line 18 from line 12		401.	3,429.		
Net Assets or Fund Balances				Beginning of Curre		End of Year		
sset 3alaı	20		s (Part X, line 16)		979.	238,550.		
etA	21		ties (Part X, line 26)	· · · ·	800.	12,584.		
			or fund balances. Subtract line 21 from line 20	211,	179.	225,966.		
Pá	art II	Signatu	re Block					

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

				03/20/2022							
Sign	Signature of officer		D	late							
Here	JESSICA FRANKEN, PRESI	DENT									
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN						
Preparer	David Krause	David Krause	03/20/2022 self-employ								
Use Only	Firm's name <ul> <li>Krause &amp; Associ</li> </ul>	Fir	rm's EIN ► 39–1	810886							
	Firm's address ► 1214 Bridge Str	Ph	Phone no. (262)377-9988								
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions										
					- 000 (*****						

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	<u>~</u>
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	PRESENT MUSIC ENGAGES ARTISTS AND AUDIENCES IN IMAGINATIVE AND
	PROVOCATIVE EXPERIENCES WITH NEW MUSIC THROUGH ENSEMBLE PERFORMANCE,
	EDUCATION AND COMMISSIONING.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 198,110. including grants of \$ 0.) (Revenue \$ 20,396.)
	PRESENT MUSIC ENGAGES ARTISTS AND AUDIENCES IN IMAGINATIVE AND PROVACATIVE
	EXPERIENCES WITH NEW MUSIC THROUGH ENSEMBLE PERFORMANCE AND EDUCATION.
	EXPENSES FOR PERFORMING THE CONCERTS AT VARIOUS LOCATIONS INCLUDING
	SCHOOLS, COMMUNITY CENTERS AND OTHERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	$(O_{a})$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     198,110.
	REV 02/17/22 PRO Form <b>990</b> (2020)

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Part	V 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)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
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	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	×	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		××
l4a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		×
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? <i>If "Yes," complete Schedule L, Part I </i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
		• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

Did the organization comply with backup withho	and rules for reportable payments to vendors	ċ
reportable gaming (gambling) winnings to prize winne	rs?	
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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ►			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		×
	If "Yes," see 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		×
-	If "Yes," complete Form 4720, Schedule O.	-		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 9 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.		Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	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?	5		×
6	Did the organization have members or stockholders?	6		×
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?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
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?	10b		
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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?	16b		
Secti	on C. Disclosure			. <u> </u>
17	List the states with which a copy of this Form 990 is required to be filed  MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	rest p	olicy,

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BRIAN WILSON, 3720 NORTH FRATNEY STREET, MILWAUKEE, WI 53212 (414)644-1126

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

**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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
(A)	(B)	(da m	at also		ition	e than c		(D)	(E)	(F)
Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount
	hours per week	office	1			or/trust		compensation from the	compensation from related	of other compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual	utior	Ч.	ldu	est c	Ē			related organizations
	organizations below	rtrus	nal tr		oyee	omp				
	dotted line)	tee	uste			ensa				
			Φ			ted				
(1) JESSICA FRANKEN	2.00									
PRESIDENT		×		×				0.	0.	0.
(2) CAROLE NICKSIN	2.00	×		×						
VICE PRESIDENT	2 00	^		^				0.	0.	0.
(3) FRAN RICHMAN SECRETARY	2.00	×		×				0.	0.	0.
(4) BRIAN WILSON	2.00									<b>.</b>
TREASURER		×		×				0.	0.	0.
(5) BARBARA BOLES	2.00									
DIRECTOR		×						0.	0.	0.
(6) CECILE CHENG	2.00									
DIRECTOR		×						0.	0.	0.
(7) TIM FRAUTSCHI	2.00	×								
DIRECTOR		×						0.	0.	0.
(8) LOUISE HERMSEN DIRECTOR	2.00	×						0.	0.	0.
(9) RON JACQUART	2.00									
DIRECTOR		×						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										
<u>177</u>	+	-								
	ļ			ļ	ļ		ļ	ļ	I	Farma <b>000</b> (0000)

Part V	Section A. Officers, Directors,	Frustees,	Key	Em	ploy	yee	s, an	d⊦	lighest Compe	nsated	Emplo	<b>yees</b> (c	ontin	ued)
	(A) Name and title	<b>(B)</b> Average hours per week	box, office	unles er and	Pos neck ss pe d a d	rson	e than o is both or/trust	n an tee)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Report compens from re	able sation	Estimate of	( <b>F)</b> ed amo other ensatic	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	ations		m the ation a	and
(15)			-											
(16)			-											
(17)			-											
(18)			-											
(19)			-											
(20)			-											
(21)			-											
(22)														
(23)			-											
(24)			-											
(25)			-											
с	Subtotal	VII, Sectio	on A						0.		0.			0.
2	Total (add lines 1b and 1c)	t not limited						► e) w	0 . ho received mor	e than \$1	0 <b>.</b> 00,000	of		0.
<b>3</b> [	Peportable compensation from the organ Did the organization list any <b>former</b> employee on line 1a? <i>If "Yes," complete</i>	officer, dire						-	loyee, or highes	-	ensated		Yes	No X
C	For any individual listed on line 1a, is the organization and related organizations individual .													×
f	Did any person listed on line 1a receive of for services rendered to the organization											5		×
1 (	n B. Independent Contractors													
(	compensation from the organization. Rep (A) Name and business add		isatio	n foi	r the	e ca	lenda	r ye	(B)			(C)		/ear.
	Name and business add	Iress							Description of service	/ices	(	Compensa	luon	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue 

Part	t VIII	Statement of Rev Check if Schedule			snor	ise or note to ar	w line in this Pa	urt VIII		
			0.001		.3001		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts Is	1a	Federated campaig	ns .		1a	106,860.				
unt	b	Membership dues			1b					
Ū, Ū	с	Fundraising events			1c					
iifts ar A	d	Related organization			1d					
S, G	е	Government grants			1e	28,541.				
Sil	f	All other contribution								
her		and similar amounts no			1f	93,844.				
li ti	g	Noncash contributio			1g	¢				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-					229,245.			
						Business Code	2257245.			
e	2a	CONCERT INCOM	E			711190	17,896.	17,896.	0.	0.
e <u>ř</u>	b	CONTRACT INCO	ME			711190	2,500.	2,500.	0.	0.
enu	с	MISCELLANEOUS				900099	0.	0.	0.	0.
gram Ser Revenue	d									
Program Service Revenue	е									
Ъ	f	All other program se								
	g	Total. Add lines 2a-					20,396.			
	3	Investment income other similar amoun					3,265.	0.	0.	3,265.
	4	Income from investn					5,205.	0.	0.	5,205.
	5	Royalties								
	-			(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								
	d	Net rental income of	r (loss	,						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	7-							
0	<b>h</b>	other than inventory	7a							
venue	D	Less: cost or other basis and sales expenses .	7b							
	с	Gain or (loss)								
Ř	d	Net gain or (loss)				►				
Other Re	8a	Gross income from	m fur	ndraising						
Ò		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expense			8b	⊨ ents ►				
	C Oc	Net income or (loss) Gross income f			g eve	ents 🕨				
	9a	activities. See Part I			9a					
	b	Less: direct expense			9b					
	c	Net income or (loss)			ctivitie	es 🕨				
	10a	Gross sales of ir	nvento	ry, less						
		returns and allowand			10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)	) from	sales of ir	vento	1				
sno	44-					Business Code				
nec	11a b									
scellaneo Revenue	b c									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a				►				
	12	Total revenue. See				🕨	252,906.	20,396.	0.	3,265.
						DEV 02/17/22				<b>D D D D D D D D D D</b>

Form **990** (2020)

Part IX Statement of Functional Expenses

#### Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . . 2,972. 39,624. 21,793. 14,859. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 2,053. 1,129. 770. 154. 10 Payroll taxes . . . . . . . . 3,213. 1,767. 1,205. 241. 11 Fees for services (nonemployees): Management . . . . . . . а Legal . . . . . . . . . . . . . b С Accounting . . . . . . . . . . 12,955. 0. 12,955. Ο. d Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 0. 35,000. 35,000. 0. 12 Advertising and promotion . . . . 22,207. 22,207. 0. Ο. 13 22,076. 7,266. 4,974. Office expenses . . . . . . . . . 9,836. 14 Information technology . . . . . . 15 Royalties . . . . . . . Occupancy . . . . . . . . 5,100. 2,550. 16 2,550. 0. Travel . . . . . . . . . . . . . 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization . 23 1,536. 845. 603. Insurance . . . . . . . . . . . . 88. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) MUSICIANS' FEES AND TRAVEL 0. 0. 33,281. 33,281. а OUTSIDE ARTISTS AND OTHER CONTRACTED 6,702. 6,542. 120. 40. b PRODUCTION 59,785. С 59,785. 0. 0. d MUSIC PURCHASE AND RENTAL 5,945. 5,945. 0. 0. All other expenses е 25 Total functional expenses. Add lines 1 through 24e 249,477. 198,110. 42,898. 8,469. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

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

	n 990 (2	,			Page <b>11</b>
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	98,842.	1	112,344.
	2	Savings and temporary cash investments	58,184.	2	58,189.
	3	Pledges and grants receivable, net	9,984.	3	3,237.
	4	Accounts receivable, net	1,611.	4	5,257.
		Loans and other receivables from any current or former officer, director,	1,011.	-	
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		•	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net	<b>F</b> 250	7	
SS	8	Inventories for sale or use	5,359.	8	0.
~	9	Prepaid expenses and deferred charges	1,074.	9	613.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a12,778.			
	b	Less: accumulated depreciation 10b 12,778.	0.	10c	0.
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11	50,977.	13	64,167.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,948.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	229,979.	16	238,550.
	17	Accounts payable and accrued expenses	5,079.	17	12,584.
	18	Grants payable		18	
	19	Deferred revenue	350.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	13,371.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	18,800.	26	12,584.
nces		Organizations that follow FASB ASC 958, check here ► × and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	135,020.	27	145,562.
B	28	Net assets with donor restrictions	76,159.	28	80,404.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
) or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	211,179.	32	225,966.
Ž	33	Total liabilities and net assets/fund balances	229,979.	33	238,550.

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Form **990** (2020)

Form 99	90 (2020)				Pa	ige <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	52,9	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	49,4	77.
3	Revenue less expenses. Subtract line 2 from line 1	3			3,4	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	11,1	79.
5	Net unrealized gains (losses) on investments	5			11,3	58.
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	25,9	66.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· ·		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a 🛛			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	· [	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits		3b		
	REV 02/17/22 PRO			Forn	1 <b>990</b>	(2020)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury	v
Internal Revenue Service	<b>`</b>

(D)

(E) Total 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.

20 <b>20</b>	
Open to Public Inspection	

#### ľ

Name	of the organization					Employer identification number			
	SENT MUSIC, INC.					39-1438119			
Par	t I Reason for Public Cha	arity Status. (Al	l organizations mus	t comple	ete this p	part.) See instruction	ons.		
The c	organization is not a private found	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in <b>section</b>	n 170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)			
3	A hospital or a cooperative he	ospital service or	ganization described in	n section	170(b)(1	)(A)(iii).			
4	A medical research organizat	on operated in co	onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)(	iii). Enter the		
	hospital's name, city, and sta	te:							
5	An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	ed by a government	al unit described in		
6	A federal, state, or local gove	rnment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).			
7	X An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public		
	described in section 170(b)(1	)(A)(vi). (Complet	te Part II.)						
8	A community trust described	in section 170(b)	)(1)(A)(vi). (Complete I	Part II.)					
9	$\Box$ An agricultural research organ	nization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college		
	or university or a non-land-gr university:								
10	An organization that normally	receives (1) more	e than 331/3% of its su	pport froi	m contrib	utions, membership	fees, and gross		
	receipts from activities related support from gross investme	to its exempt tu	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	331/3% of its		
	acquired by the organization						Dusinesses		
11	An organization organized an		-						
12	An organization organized and	d operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes		
	of one or more publicly supp	orted organizatio	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).		
	Check the box in lines 12a thr	ough 12d that de	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.		
а	<b>Type I.</b> A supporting orga	nization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving		
	the supported organizatio	n(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or truste	ees of the		
	supporting organization.	ou must comple	ete Part IV, Sections	A and B.					
b	<b>Type II.</b> A supporting orga	anization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having		
	control or management of	the supporting c	rganization vested in	the same	persons	that control or mana	age the supported		
	organization(s). <b>You mus</b> t	complete Part I	V, Sections A and C.						
С							ally integrated with,		
	its supported organizatior	i(s) (see instructio	ons). <b>You must comp</b> l	lete Part	IV, Secti	ons A, D, and E.			
d	Type III non-functionally	integrated. A su	pporting organization	operated	l in conne	ection with its suppo	orted organization(s)		
	that is not functionally inte						d an attentiveness		
	requirement (see instruction	ons). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.			
е	$\Box$ Check this box if the orga	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III		
	functionally integrated, or	Type III non-fund	tionally integrated sup	oporting o	organizati	ion.			
f	Enter the number of supported	•							
g	Provide the following information	on about the supp	ported organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of		
			(described on lines 1–10 above (see instructions))	listed in you docur		support (see instructions)	other support (see instructions)		
				Yes	No				
(A)									
(B)									
(-)									
(C)									
(-)									

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

Secti	on A. Public Support				•	,		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	352,834.	312,906.	246,591.	216,336.	229,245.	1,357,912.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	352,834.	312,906.	246,591.	216,336.	229,245.	1,357,912.	
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)						60 702	
6	Public support. Subtract line 5 from line 4						69,792. 1,288,120.	
	on B. Total Support						11,200,120.	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	352,834.	312,906.	246,591.	216,336.	. ,	1,357,912.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,968.	1,008.	794.	44.	3,265.	7,079.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	175001	1,000.	///		572051		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	925.	331.	162.	0.	0.	· · · · · · · · · · · · · · · · · · ·	
11	Total support. Add lines 7 through 10						1,366,409.	
12	Gross receipts from related activities, etc					12	226,719.	
13	First 5 years. If the Form 990 is for the organization, check this box and <b>stop he</b>	re		, third, fourth,	-		<b>N</b> -	
	on C. Computation of Public Suppor			11			04 27 0/	
14 15	Public support percentage for 2020 (line Public support percentage from 2019 Scl		-			14	94.27% 94.07%	
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % support test-2020. If the organ							
iou								
b	<ul> <li>box and stop here. The organization qualifies as a publicly supported organization</li></ul>							
17a								
b	<b>10%-facts-and-circumstances test—2</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	<b>re.</b> Explain supported	
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b, 	check this bo	ox and see	
					Sch	edule A (Form 99	0 or 990-EZ) 2020	

Schedule A (Form 990 or 990-EZ) 2020

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
-	organization'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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons .						
Ь	Amounts included on lines 2 and 3						
b	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(4) =0.10	(,	(0) = 0 : 0	(0) 2010	(0) = = = = =	(.)
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
<u> </u>	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth.	or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop her	•					
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2020 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc					• •	
17	Investment income percentage for 2020 (I		-	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019			-			%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🛛 . 🕨 🗌						
b	331/3% support tests-2019. If the organiz						n 33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this k	box and <b>stop h</b>	<b>nere.</b> The organ	ization qualifies	s as a publicly s	upported org	anization 🕨 🗌
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	tructions 🕨

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Part IV Supporting Organizations (continued)

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

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

- Yes No
  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?
  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).*By reason of the relationship described in line 2, above, did the organization's supported organizations have
- By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

## Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No

Yes No

11a

11b

11c

1

2

1

Yes No

2b

3a

3b

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

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7				

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

Schedule A (Form 990 or 990-EZ) 2020

	e A (Form 990 or 990-EZ) 2020				Page 1
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued	d)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	<b>VI</b> )	5	
	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
<u>7</u> 8	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the organization is rea	nonoivo	7	
• 	(provide details in <b>Part VI</b> ). See instructions.	in the organization is res		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount			_	
<u>i</u>	Carryover from 2015 not applied (see instructions)			_	
]	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section L, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ion a, 2b,
Pt II Ln 10: Other Income Part II, Line 10 Description: OTHER 2016: 925. 2017:	
331. 2018: 162. 2019: 0. 2020: 0.	

	DULE D	Supplementa	OMB No. 1545-0047			
(Form	n 990)	<ul> <li>▶ Complete if the organization answered "Yes" on Form 990,</li> <li>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.</li> <li>▶ Attach to Form 990.</li> </ul>				2020
Denertin	ant of the Treesury					Open to Public
	ent of the Treasury Revenue Service		90 for instructions and the latest informa	tion.		Inspection
Name of the organization				Employ	yer id	entification number
PRE	SENT MUSIC	, INC.		39-14	4383	119
Par	t Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or A	lccc	ounts.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.			
			(a) Donor advised funds		<b>(b)</b> F	unds and other accounts
1	Total number a	at end of year				
2	Aggregate value	ue of contributions to (during year) .				
3	Aggregate value	ue of grants from (during year)				
4		ue at end of year				
5	-		advisors in writing that the assets hel			
-			organization's exclusive legal control?			
6			d donor advisors in writing that grant			
			t of the donor or donor advisor, or for	-	ther	
				• •	•	· · · Yes I No
Par		rvation Easements.	Vee" on Form 000 Part IV line 7			
		ete if the organization answered "				
1	,	conservation easements held by the c		- 1-1-4		II Successive and the second second
		of land for public use (for example, recreation of natural habitat				Ily important land area
	_			a cert	inea	historic structure
2		n of open space	d a qualified conservation contribution	in the	form	of a conservation
2		he last day of the tax year.	d a quaimed conservation contribution		10111	Held at the End of the Tax Year
•		of conservation easements		-	20	
a h			•••••	-	2a 2b	
b	-	-	storic structure included in (a) .		20 2c	
c d			c) acquired after 7/25/06, and not or		20	
-		ure listed in the National Register		2d		
3			ferred, released, extinguished, or term		-	he organization during the
•	tax year ►				~,	ine engamiliation alannig the
4		tes where property subject to conserv	vation easement is located ►			
5			arding the periodic monitoring, inspe	ection,	har	ndling of
	-	enforcement of the conservation eas				· · · 🗌 Yes 🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conse	rvatic	on easements during the vear
•						
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onserv	atior	easements during the year
	▶\$		,,			,
8	Does each cor	nservation easement reported on line 2	2(d) above satisfy the requirements of s	ection	170(	h)(4)(B)(i)
	and section 17	′0(h)(4)(B)(ii)?			• •	· · 🗌 Yes 🗌 No
9			onservation easements in its revenue a			
		•••	the footnote to the organization's finan	ncial s	tater	nents that describes the
	organization's	accounting for conservation easemer	nts.			
Part	III Organi	zations Maintaining Collections	of Art, Historical Treasures, or C	Other	Sim	ilar Assets.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 8.			
1a			B ASC 958, not to report in its revenue			
			held for public exhibition, education,			
	•		o its financial statements that describe			
b			B ASC 958, to report in its revenue st			
			for public exhibition, education, or rese	earch i	in fur	therance of public service,
	-	lowing amounts relating to these item				
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			. )	► \$
	(ii) Assets inclu	uded in Form 990, Part X			. )	▶ \$
2	If the organiza	ation received or held works of art,	historical treasures, or other similar a	assets	for	financial gain, provide the
	-	unts required to be reported under FA	-			
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .			. 🕨	► \$
b	Assets include	ed in Form 990, Part X			. 🕨	► \$

Schedu	le D (Form 990) 2020							Page	<b>, 2</b>
Part	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures	, or Ol	her Similar A	ssets (continuea	1)
3	Using the organization's acquisition, collection items (check all that apply):		her record	ds, chec	k any of th	e follov	ving that make	significant use of i	its
а	Public exhibition		d	Loan	or exchang	e proa	ram		
b	Scholarly research		_		•				
c	Preservation for future generations	i							
4	Provide a description of the organization XIII.		and explai	n how t	hey further	the org	ganization's exe	empt purpose in Pa	art
5	During the year, did the organization assets to be sold to raise funds rather								ю
Part			•		•				
	Complete if the organization 990, Part X, line 21.	•	" on Forn	n 990, F	Part IV, line	e 9, or	reported an a	mount on Form	
1a	Is the organization an agent, trustee included on Form 990, Part X?					tions or	r other assets	not ·	— Io
b	If "Yes," explain the arrangement in P								
				lotting to				Amount	—
с	Beginning balance					10			—
d						10			—
е	Distributions during the year					16			_
f	Ending balance					11			_
2a	Did the organization include an amou					ustodia	l account liabili	ty? 🗌 Yes 🗌 N	lo
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the exp	planatio	n has been	provide	ed on Part XIII	🛛	
Par	Endowment Funds.								_
	Complete if the organization	answered "Yes	" on Forn	n 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Prior	r year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back	k
1a	Beginning of year balance	50,977.	52	,464.	53,	015.	48,109		′ <b>.</b>
b	Contributions						2,000	).	
С	Net investment earnings, gains, and losses	14,604.		-124.		780.	3,913	6,172	2.
d	Grants or scholarships								_
е	Other expenditures for facilities and								_
	programs	1,414.	1	,363.	1,	331.	1,007	' •	
f	Administrative expenses								
g	End of year balance	64,167.	50	,977.	52,	464.	53,015	48,109	).
2	Provide the estimated percentage of t	-	nd balance	e (line 1g	ı, column (a	ı)) held	as:		
а	Board designated or quasi-endowment	nt 🕨	%						
b	Permanent endowment	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ie organiz	ation tha	at are held	and ad	ministered for		
	organization by:							Yes No	<u> </u>
	(i) Unrelated organizations					• •		. 3a(i) ×	
<b>b</b>	()	· · · · · · ·						. 3a(ii) ×	
ь 4	If "Yes" on line 3a(ii), are the related o Describe in Part XIII the intended uses	-	-			• •		. <b>3b</b>	
Part				wither it it	unus.				—
I all	Complete if the organization		" on Forn	n 990 F	Part IV line	e 11a	See Form 990	) Part X line 10	
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value	—
	Description of property	(investm		• •	ther)		epreciation	(a) Dook value	
	Land								
b	Buildings								_
c	Leasehold improvements								_
d	Equipment		0.		12,778.		12,778.	0	
e	Other		-						_
	Add lines 1a through 1e. (Column (d) n		90, Part X,	, columr	n (B), line 10	Dc.) .	<u>.</u> •	0	۱.

#### Schedule D (Form 990) 2020 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . (2) Closely held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value 64,167. FMV (1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► 64,167. Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► . . . . . . . . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

e D (Form 990) 2020				Page <b>4</b>
			Returr	n.
Total revenue, gains, and other support per audited financial statements			1	264,264.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	2a	11,358.		
	2b			
	2c			
	-			
				11,358.
	•••		3	252,906.
			-	
			-	
			-	252,906.
			er Rett	urn.
· · · · · · · · · · · · · · · · · · ·				
	• •		1	249,477.
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				0.40.477
	 I		3	249,477.
	-		-	
			-	
	e 18.)		5	249,477.
e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
been established to benefit specific charitable a	gen	cies and instit	utior	າຣ
in the greater Milwaukee community. The Greater M	ilw	aukee Foundatic	on Acc	orn
ram (Program) maintains one endowment fund on beha	lf	of the Organiza	tion.	•
Program helps donors build charitable endowments	thr	ough regular co	ntrik	outions
co-mingled investment account.				
	XI       Reconciliation of Revenue per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, P         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Complete if the organization answered "Yes" on Form 990, Part I, line         XIII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part I, line         XIII       Reconciliation of Expenses per Audited Financial Statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Investment expenses not included on Form 990, Part IX, line 25,	XI       Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part II Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:       Net unrealized gains (losses) on investments         Donated services and use of facilities       2a         Donated services and use of facilities       2b         Recoveries of prior year grants       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d	XII       Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements	XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1         Net unrealized gains (losses) on investments       2a       11, 358.         Donated services and use of facilities       2b       2c         Add lines 2a through 2d       2a       2a         Amounts included on Form 990, Part VIII, line 12.       3         Amounts included on Form 990, Part VIII, line 7b       4a         Add lines 2a through 2d       3         Arbornts included on Form 990, Part VIII, line 7b       4a         Add lines 4a and 4b       4c         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         XIII       Reconciliation of Expenses per Audited Financial Statements       1         And lines 2a through 2d       2a       2a         Donated services and use of facilities       2a       2a         Total revenue. Add lines 4a and 4b       2a       2a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         Total revenue adjustments       1       2a

Schedule D (Fo	rm 990) 2020 Page <b>5</b>
	Supplemental Information (continued)
· <b>-</b>	

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2020 Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 39-1438119 PRESENT MUSIC, INC. Pt VI, Line 11b: A copy of IRS form 990 and applicable schedules is provided to the board of directors for review and approval prior to filing. Pt VI, Line 12c: The board of directors complete conflict of interest statements on an annual basis. Pt VI, Line 15a: Compensation is reviewed by the finance committee of the board of directors, with approval from the full board. Board members serve as volunteers and receive no compensation. Pt VI, Line 15b: Compensation is reviewed by the finance committee of the board of directors, with approval from the full board. Board members serve as volunteers and receive no compensation. Pt VI, Line 19: 990 is available upon request from the Present Music offices during normal business hours. Pt VI, Line 8a: The policy is to document minutes of board and committee meetings. Pt VI, Line 8b: The policy is to document minutes of board and committee meetings. ------Pt IX, Line 11g: Description: ARTISTIC Total: \$35,000 Program services: \$35,000 Management and general: \$0 Fundraising: \$0

Form 990 Part IX, Line 11g 2020

Name		
PRESENT	MUSIC,	INC.

Employer Identification No.
39-1438119

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RTISTIC	35,000.	35,000.	0.	0.
	-			
	_			
	-			
	_			
	_     -			
	_			
otal to Form 990, Part IX, ne 11g	35,000.	35,000.	0.	0