2021 Exempt Organization Business Tax Return prepared by:

Krause & Associates, SC

1214 Bridge Street Grafton, WI 53024

PRESENT MUSIC, INC.

3720 NORTH FRATNEY STREET, #2i MILWAUKEE, WI 53212

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| A | For the | 2021 calend | dar year, or tax year beginning | Jul 1 , 2021, and end | ling Ju | ın 30 | , 20 22 |
|--------------------------------|-------------|----------------|--|--|----------------------|--------------------|-------------------------------|
| В | Check if | applicable: | C Name of organization PRESENT IN | MUSIC, INC. | | D Employ | er identification number |
| | Address | change | Doing business as | | | 39-143 | 38119 |
| | Name ch | hange | Number and street (or P.O. box if mail | is not delivered to street address) | Room/suite | E Telepho | ne number |
| | Initial ret | turn | 3720 NORTH FRATNEY S | 2i | (414)6 | 544-1126 | |
| $\overline{\Box}$ | Final retu | urn/terminated | City or town, state or province, country | y, and ZIP or foreign postal code | | | |
| $\overline{\Box}$ | Amende | ed return | MILWAUKEE, WI 53212 | | | G Gross re | eceipts \$ 494,577. |
| $\overline{\Box}$ | Applicat | ion pending | F Name and address of principal officer: | | H(a) Is this a gr | oup return for s | |
| | • • | | JESSICA FRANKEN, 3720 N. | . FRATNEY, MILAUKEE, WI 53 | 1 | | included? Yes No |
| ı | Tax-exe | mpt status: | | ◀ (insert no.) 4947(a)(1) or 527 | | | . See instructions. |
| J | Website | q.www ◀: | resentmusic.org | | H(c) Group e | xemption no | umber ▶ |
| K | _ | | Corporation Trust Association | Other ▶ L Year of for | mation: 1982 | M State of | f legal domicile: WI |
| Р | art I | Summa | ry | <u> </u> | | | |
| | 1 | | - | or most significant activities: PRESEN | T MUSIC ENGAGES ARTI | STS AND AUD | DIENCES IN IMAGINATIVE AND |
| ခွ | | | | NEW MUSIC THROUGH ENSEM | | | |
| Governance | | | ON AND COMMISSIONING. | | | | |
| ern | 2 | | | continued its operations or dispose | ed of more than | 25% of it | s net assets. |
| Š | 3 | | voting members of the governin | | | 3 | 12 |
| 8 | 4 | | 9 | the governing body (Part VI, line 1 | | 4 | 12 |
| | 5 | | , | lendar year 2021 (Part V, line 2a) | 2, | 5 | 5 |
| ₹ | 6 | | , , | essary) | | 6 | 25 |
| Activities | 7a | | • | VIII, column (C), line 12 | | 7a | 0. |
| | b | | | n Form 990-T, Part I, line 11 | | 7b | 0. |
| | - | TVOL GITTOIG | The stability of the st | Prior Yea | | Current Year | |
| | 8 | Contributio | ons and grants (Part VIII, line 1h) | | | 245. | 379,235. |
| Revenue | 9 | | ervice revenue (Part VIII, line 2g) | | 396. | 113,126. | |
| ķ | 10 | - | , | es 3, 4, and 7d) | ,265. | 2,216. | |
| æ | 11 | | | , 6d, 8c, 9c, 10c, and 11e) | 3 / | , 205. | 2,210. |
| | 12 | | ue—add lines 8 through 11 (must | 252 | 006 | 404 577 | |
| | 13 | _ | | olumn (A), lines 1–3) | 252, | 906. | 494,577. |
| | 14 | | | olumn (A), line 4) | | | |
| | 4- | | | | 1.1 | 000 | 140.020 |
| Expenses | 15 | | al fundraising fees (Part IX, colun | efits (Part IX, column (A), lines 5–10) | 44, | 890. | 142,038. |
| en | 16a | | • | | | | |
| Ä | b | | aising expenses (Part IX, column | | 0.0.4 | 507 | 200 062 |
| | 17 | • | enses (Part IX, column (A), lines 1 | • | | 587. | 320,263. |
| | 18 | • | nses. Add lines 13-17 (must equ | | | 477. | 462,301. |
| | 19 | Revenue le | ess expenses. Subtract line 18 fro | om line 12 | | 429. | 32,276. |
| Net Assets or Fund Balances | | . | (D. 1.)(!: 40) | | Beginning of Curr | | End of Year |
| Sse | 20 | | s (Part X, line 16) | | | 550. | 284,420. |
| et P | 21 | | ties (Part X, line 26) | | | 584. | 33,866. |
| | | | or fund balances. Subtract line 2 | 21 from line 20 | 225 | ,966. | 250,554. |
| | art II | | re Block | | | | |
| | | | | including accompanying schedules and selection is based on all information of which preperation | | | y knowledge and belief, it is |
| | | | | | 0.2 | /03/20 | 23 |
| Sic | gn | Signatu | ure of officer | | Date | | 23 |
| | ere | | | T | | | |
| | ,, , | | SICA FRANKEN, PRESIDEN r print name and title | 1 | | | |
| | | 1, | | parer's signature | Date | a |] if PTIN |
| Pa | nid | 1 | · · | , | | Check X self-emplo | ' ''. |
| Pr | epare | er | | vid Krause | 02/04/2023 | | 1 0 0 0 0 13 10 |
| Us | se Onl | ly Firm's nan | | | | | 9-1810886 |
| <u> </u> | v tha IF | | lress ► 1214 Bridge Stree: this return with the preparer show | | Phone | eno. (26 | 2)377-9988 |
| ıvıd | ty trie it | าง นเรยนรริ โ | ins return with the preparer show | vii above (dee iiistructions | | | . 🛛 Yes 🗌 No |

| Part I | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|--------|--|
| 1 | Briefly describe the organization's mission: PRESENT MUSIC ENGAGES ARTISTS AND AUDIENCES IN IMAGINATIVE AND PROVOCATIVE EXPERIENCES WITH NEW MUSIC THROUGH ENSEMBLE PERFORMANCE, CDUCATION 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? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program ervices? |
| | 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 ne total expenses, and revenue, if any, for each program service reported. |
| | Code: () (Expenses \$ 371,105. including grants of \$ 0.) (Revenue \$ 113,126.) PRESENT MUSIC ENGAGES ARTISTS AND AUDIENCES IN IMAGINATIVE AND PROVOCATIVE EXPERIENCES WITH NEW MUSIC THROUGH ENSEMBLE PERFORMANCE AND EDUCATION. EXPENSES FOR PERFORMING THE CONCERTS AT VARIOUS LOCATIONS INCLUDING ECHOOLS, COMMUNITY CENTERS AND OTHERS. |
| 4b | Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 4c | Code:) (Expenses \$including grants of \$) (Revenue \$) |
| | |
| 4d | Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$) |
| 4e | otal program service expenses ► 371,105. |

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20a

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| orm 99 | 90 (2021) | | F | Page (|
|----------|--|-----|-----|--------|
| Part | IV Checklist of Required Schedules | | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| | complete Schedule A | 1 | × | |
| 2 3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions 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 | 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? <i>If</i> "Yes," complete Schedule C, Part II | 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 Rev. Proc. 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? If "Yes," complete Schedule D, Part 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</i> "Yes," complete 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? <i>If</i> "Yes," <i>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? If "Yes," complete Schedule D, Part V | 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? If "Yes," complete Schedule D, Part VII | 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 | | × |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | × |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> | 11f | | × |
| b | Schedule D, Parts XI and XII | 12a | × | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20a

20b

X

X

X

| Part | Checklist of Required Schedules (continued) | | | |
|--------------|--|-----|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | 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 | | | |
| 24a | employees? If "Yes," complete Schedule J | 23 | | × |
| 2 -10 | \$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 | | × |
| 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 | | |
| 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 | 25a | | _^ |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 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? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| | 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 line 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</i> "Yes," <i>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? If "Yes," complete Schedule R, Part 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | × | |
| Part | · · · · · · · · · · · · · · · · · · · | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46 | | Yes | No |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 10 | × | |

| 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 5 | | | |
| 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 e-file. 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 | | × |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 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 | × | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | 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 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| 0 | 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 . 10b | | | |
| 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. | 4 - | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| D | | | | |
| С | the organization is licensed to issue qualified health plans | | | |
| 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 | | <u> </u> |
| 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 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 | | × |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

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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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × 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 on 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 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? The organization's CEO, Executive Director, or top management official 15a × 15b × 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ₩I 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 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

Form 990 (2021)

Part VI

Form 990 (2021) Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| | (C) | | | | | | | | | |
|-----------------------------|---|--------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) | (B) | Position (do not check more than one | | | | | | (D) | (E) | (F) |
| Name and title | Average | | | | | e than d is both | | Reportable | Reportable | Estimated amount |
| | hours | officer and a director/trustee) | | | | | | compensation from the | compensation from related | of other |
| | per week (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/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) JESSICA FRANKEN | 2.00 | | | | | | | | | |
| PRESIDENT | | × | | × | | | | 0. | 0. | 0. |
| (2) CAROLE NICKSIN | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | × | | × | | | | 0. | 0. | 0. |
| (3) FRAN RICHMAN | 2.00 | | | | | | | | | |
| SECRETARY | | × | | × | | | | 0. | 0. | 0. |
| (4) BRIAN WILSON | 2.00 | | | | | | | | | |
| TREASURER | | × | | × | | | | 0. | 0. | 0. |
| (5) CECILE CHENG | 2.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | × | | | | | | 0. | 0. | 0. |
| (6) HEIDI DONDLINGER | 2.00 | × | | | | | | | | |
| DIRECTOR | 2 22 | ^ | | | | | | 0. | 0. | 0. |
| (7) TIM FRAUTSCHI DIRECTOR | 2.00 | × | | | | | | 0. | 0. | 0. |
| (8) LOUISE HERMSEN | 2.00 | | | | | | | | | |
| DIRECTOR | | × | | | | | | 0. | 0. | 0. |
| (9) WILLIAM HELMERS | 2.00 | | | | | | | | | |
| DIRECTOR | | × | | | | | | 0. | 0. | 0. |
| (10) RON JACQUART | 2.00 | | | | | | | | | |
| DIRECTOR | | × | | | | | | 0. | 0. | 0. |
| (11) GARY VAN WERT | 2.00 | × | | | | | | | | |
| DIRECTOR | 0.00 | ^ | | | | | | 0. | 0. | 0. |
| (12) DONNA WOODALL DIRECTOR | 2.00 | × | | | | | | 0. | 0. | 0. |
| (13) | | | | | | | | 0. | 0. | 0. |
| (10) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, | rustees, | Key I | Ξm _l | plo | yee | s, an | d F | lighest Compe | nsated Emp | loyees | (continued) |
|-------|--|---|---|-----------------------|-----------|--------------|------------------------------|-------------|---|--|-----------------------|--|
| | | | | | | C) | | | | | | |
| | (A) Name and title | (B) Average | Position (do not check more than box, unless person is both | | | | | | (D) Reportable | (E) Reportable | I . | (F) ated amount |
| | | hours per week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | a Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | compensation from related organizations (W- 1099-MISC/ 1099-NEC) | con -2/ f orgai | of other npensation rom the nization and organizations |
| (15) | | | _ | | | | ۵ | | | | | |
| (16) | | | - | | | | | | | | | |
| (17) | | | - | | | | | | | | | |
| (18) | | | - | | | | | | | | | |
| (19) | | | - | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | - | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | - | | | | | | | | | |
| (24) | | | - | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b | Subtotal | VII. Section | n A | | | | | > | 0. | С |). | 0. |
| d | | t not limited | | IOSE | i list | ted | above | e) w | 0. Tho received mor | e than \$100,0 | | 0. |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete of | | | | | | | | | | | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$1 | 150, | 000 | ? / | f "Ye | s," | complete Sche | | | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | ıal | × |
| Secti | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Rep | | | | | | | | | | | |
| | (A) Name and business add | Iress | | | | | | | (B) Description of ser | vices | (C) Compen | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor | • | _ | | | | | th | nose listed abov | e) who | | |

Part VIII Statement of Revenue Check if Schedule O contain

| ı are | | Check if Schedule O contains a response | e or note to an | / line in this Pa | rt VIII | | \sqcap |
|---|-----|--|-----------------|----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, | 1a | Federated campaigns 1a | 95,889. | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues 1b | | | | | |
| g m | С | Fundraising events 1c | | | | | |
| fts, r A | d | Related organizations 1d | | | | | |
| Gil | е | Government grants (contributions) 1e | 53,512. | | | | |
| ns, Sir | f | All other contributions, gifts, grants, | | | | | |
| ıtio er (| | and similar amounts not included above 1f | 229,834. | | | | |
| ibu Oth | g | Noncash contributions included in | | | | | |
| ntr Id (| | lines 1a–1f 1g \$ | | | | | |
| So ar | h | Total. Add lines 1a-1f | ▶ | 379,235. | | | |
| | | | Business Code | | | | |
| Се | 2a | CONCERT AND EARNED INCOME 7 | 711190 | 63,641. | 63,641. | 0. | 0. |
| Program Service Revenue | b | CONTRACT INCOME 7 | 711190 | 49,485. | 49,485. | 0. | 0. |
| gram Ser Revenue | С | | | | | | |
| am eve | d | | | | | | |
| ogr R | е | | | | | | |
| Pro | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 113,126. | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | | other similar amounts) | _ | 2,216. | 0. | 0. | 2,216. |
| | 4 | Income from investment of tax-exempt bone | d proceeds ► | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets other than inventory 7a | | | | | |
| | | other than inventory 7a Less: cost or other basis | | | | | |
| evenue | b | | | | | | |
| ver | _ | | | | | | |
| æ | _ | Gain or (loss) 7c | | | | | |
| er | d | Net gain or (loss) | | | | | |
| Other | ва | Gross income from fundraising | | | | | |
| | | events (not including \$ of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising event | ts > | | | | |
| | | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 . 9a | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | • | | | | |
| | | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | С | Net income or (loss) from sales of inventory | y > | | | | |
| S | | | Business Code | | | | |
| on e | 11a | | | | | | |
| Miscellaneous Revenue | b | | | | | | |
| elli | С | | | | | | |
| lisc R | d | All other revenue | | | | | |
| Σ | е | Total. Add lines 11a–11d | • | | | | |
| | 12 | Total revenue. See instructions | • | 494,577. | 113,126. | 0. | 2,216. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). 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 Management and general expenses Program service expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 130,360. 75,848. 38,777. 15,735. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11,678. 6,825. 3,450. 1,403. 11 Fees for services (nonemployees): Management Legal 13,152. 0. 13,152. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 22,476. 22,476. 0. 13 12,969. 3,290. 4,188. 5,491. Office expenses 14 Information technology 15 5,400. Occupancy 2,700. 2,700. 0. 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 881. 485. 358. 38. 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.) a MUSICIANS' FEES AND TRAVEL 109,306. 109,306. 0. 0. OUTSIDE ARTISTS AND OTHER CONTRACTED 32,901. 26,997. 2,950. 2,954. 0. PRODUCTION 54,490. 54,490. 0. MUSIC PURCHASE AND RENTAL 4,945. 4,945. 0. 0. All other expenses 63,743. 63,743. 0. 0. 25 **Total functional expenses.** Add lines 1 through 24e 462,301. 371,105. 65,575. 25,621. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)

| Р | art X | | | | |
|-----------------------------|-------|---|---------------------------------|-------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Par | | · · · | <u> </u> |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 112,344. | 1 | 76,822. |
| | 2 | Savings and temporary cash investments | 58,189. | 2 | 58,195. |
| | 3 | Pledges and grants receivable, net | 3,237. | 3 | 54,396. |
| | 4 | Accounts receivable, net | | 4 | 30,920. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | 3 | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 613. | 9 | 6,938. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,030 . | 013. | | 0,750. |
| | b | Less: accumulated depreciation 10b 5,030. | 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 | 64,167. | 13 | 57,149. |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 238,550. | 16 | 284,420. |
| | 17 | Accounts payable and accrued expenses | 12,584. | 17 | 33,866. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 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% | | | |
| jab | | 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 | 0. | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 12,584. | 26 | 33,866. |
| nces | | Organizations that follow FASB ASC 958, check here ► ⋈ and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 145,562. | 27 | 154,215. |
| <u>В</u> | 28 | Net assets with donor restrictions | 80,404. | 28 | 96,339. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
|)et | 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 | 225,966. | 32 | 250,554. |
| <u>z</u> | 33 | Total liabilities and net assets/fund balances | 238,550. | 33 | 284,420. |
| | | | | | Form 990 (2021 |

Form 990 (2021) Page **12**

| Part | XI Reconciliation of Net Assets | | | | |
|------|--|----------|---------------|------|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 49 | 4,5 | 77. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 46 | 52,3 | 01. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 3 | 32,2 | 76. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 22 | 25,9 | 66. |
| 5 | Net unrealized gains (losses) on investments | | _ | 7,6 | 88. |
| 6 | Donated services and use of facilities | | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | | 25 | 0,5 | 54. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | | |
| | | _ | \rightarrow | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain | on I | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | . [| 2a | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☐ 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 audited 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 oversigh | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | × | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O. | on | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | the | | | |
| | Single Audit Act and OMB Circular A-133? | | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | · [; | 3b | | |

REV 07/25/22 PRO Form **990** (2021)

SCHEDULE A (Form 990)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service

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

Employer identification number Name of the organization PRESENT MUSIC, INC. 39-1438119 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 379,235. 1,384,313. 312,906. 246,591. 216,336. 229,245. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 379,235. 1,384,313. 4 312,906. 246,591. 216,336. 229,245 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) 107,687. **Public support.** Subtract line 5 from line 4 1,276,626. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 312,906. 246,591. 216,336. 379,235.1,384,313. 7 Amounts from line 4 229,245. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,008. 794. 44. 3,265 2,216. 7,327. Net income from unrelated business 9 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.) 331. 162. 0. 0. 0. 493. **Total support.** Add lines 7 through 10 1,392,133. 11 Gross receipts from related activities, etc. (see instructions) 12 282,492. 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 91.7% 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| ~ | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | 1 | I | |
| | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| ~ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 12 | (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 | L. third, fourth | or fifth tax ve | L ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | • | | | • | | . , . , |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | 3, column (f), c | livided by line | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2020 Sch | nedule A, Part | III, line 15 . | | | 16 | % |
| Secti | on D. Computation of Investment In- | come Perce | ntage | | - | | |
| 17 | Investment income percentage for 2021 (| | | - | | | % |
| 18 | Investment income percentage from 2020 | | | | | | % |
| 19a | 331/3% support tests—2021. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | _ | - | | _ | _ |
| b | 331/3% support tests—2020. If the organiz | | | | | | |
| 00 | line 18 is not more than 331/3%, check this l | _ | _ | = | · · · · · · · · · · · · · · · · · · · | | |
| 20 | Private foundation. If the organization di | a not check a | pox on line 14 | . 19a. or 19b. a | check this box | and see instru | Ctions 🕨 🗀 |

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.)

Se

| | on A. All Supporting Organizations | | Yes | No |
|-----|---|-----|-----|-----|
| 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. | 1 | 100 | 110 |
| 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). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | | |
| 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). | 6 | | |
| 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). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 10a | | |

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

| Part | Supporting Organizations (continued) | | | |
|------------------|--|---------|----------------------|-----|
| | | | Yes | No |
| 11 | 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 on lines 11b and | | | |
| а | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i> | 110 | | |
| _ | provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on 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 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on 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 | instru | ction | s). |
| a b c 2 | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below. | (see ir | struct Yes | |
| а | 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. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | | |
| 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. | 3b | | |

| | | | | • |
|------|--|--------|---------------------------|-------------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g tru | st on Nov. 20, 1970 (expl | ain in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | nizat | ions must complete Sect | ions 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 | 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-functional (see instructions) | ally i | ntegrated Type III suppor | rting organization |

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

Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Pt II Ln 10: Other Income Part II, Line 10 Description: OTHER 2017: 331. 2018: 162. 2019: 0. 2020: 0. 2021: 0.

Schedule B (Form 990)

Schedule of Contributors

20**2**1

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

Name of the organization

PRESENT MUSIC, INC.

Organization type (check one):

Employer identification number
39-1438119

| Filers of | : | Sec | ction: | | | | | |
|-------------|--|--------------------------------------|---|--|--|--|--|--|
| Form 99 | 0 or 990-EZ | X | 501(c)(| 3) (enter number) organization | | | | |
| | | | 4947(a)(1) no | onexempt 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) taxa | able private foundation | | | | |
| | | | | | | | | |
| Check if | vour organization is o | cove | red by the G | eneral Rule or a Special Rule. | | | | |
| | nly a section 501(c)(7) | | • | nization can check boxes for both the General Rule and a Special Rule. See | | | | |
| General | Rule | | | | | | | |
| | | pro | perty) from a | 90-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ny one contributor. Complete Parts I and II. See instructions for determining a | | | | |
| Special | Rules | | | | | | | |
| X | regulations under sec 16b, and that receive | ctior ed fr | ns 509(a)(1) a om any one c | ion 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or contributor, during the year, total contributions of the greater of (1) \$5,000; or Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | |
| | contributor, during the literary, or educations | ne ye al pu | ear, total cont urposes, or fo | ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tributions of more than \$1,000 exclusively for religious, charitable, scientific, or the prevention of cruelty to children or animals. Complete Parts I (entering attributor name and address), II, and III. | | | | |
| | contributor, during the contributions totaled during the year for an General Rule applies | ne ye mo n <i>ex</i> o s to | ear, contribut re than \$1,00 clusively relig this organiza | ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ions exclusively for religious, charitable, etc., purposes, but no such ious, charitable, etc., purposes, but no such ious, charitable, etc., purpose. Don't complete any of the parts unless the tion because it received nonexclusively religious, charitable, etc., contributions ar | | | | |

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).

Name of organization
PRESENT MUSIC, INC.

Employer identification number
39-1438119

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|--------------------------------------|---|
| 1 | UNITED PERFORMING ARTS FUND 301 W. WISCONSIN AVE. SUITE 600 MILWAUKEE WI 53203 | \$95,889. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CAMPAC 9480 W. WATERTOWN PLANK RD MILWAUKEE WI 53226 | \$8,875. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | US TREASURY - ERC 1500 PENNSYLVANIA AVE NW WASHINGTON DC 20220 | \$28,207. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | CECILE CHENG & RONDALL LINDERT 4225 N. PROSPECT SHOREWOOD WI 53211 | \$14,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | JOHN SHANNON AND JAN SERR | | - 5 |
| | 3017 N MARIETTA AVE. MILWAUKEE WI 53211 | \$35,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | 3017 N MARIETTA AVE. | \$ 35,000. (c) Total contributions | Payroll Noncash (Complete Part II for |

Schedule B (Form 990) (2021)

Name of organization
PRESENT MUSIC, INC.

Employer identification number
39-1438119

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional space is needed. |
|--------|----------------------------------|---|
|--------|----------------------------------|---|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| 7 | RON JACQUART 1111 MARSHALL STREET MILWAUKEE WI 53202 | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | CHRISTINE RUNDBLAD 2962 S WENTWORTH AVE MILWAUKEE WI 53207 | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | DAVID BLOOM 200 CHAMBERS STREET NEW YORK NY 10007 | | 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 |
| 10 | KATIE HEIL 3150 E KENWOOD BLVD MILWAUKEE WI 53211 | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) | | I | |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |

Schedule B (Form 990) (2021)

Name of organization

PRESENT MUSIC, INC.

Employer identification number
39-1438119

Part II Noncash Property (see instructions). Use duplicate copies of Part 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 |
| | | \$ | |

Schedule B (Form 990) (2021)

Employer identification number

PRESENT MUSIC, INC. 39-1438119 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 information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose 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

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PRESENT MUSIC, INC. 39-1438119 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

| Part | III Organizations Maintaining | Collections of A | Art, His | torical 1 | reasures | , or Ot | her Similar As | sets (con | tinued) |
|------|---|---------------------------|-----------------|-------------|-------------------------|----------|-------------------------|--------------|-----------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and oth | ner recor | ds, chec | k any of th | e follov | ving that make s | ignificant ι | se of its |
| а | ☐ Public exhibition | | d | Loan | or exchang | e progr | am | | |
| b | Scholarly research | | | Other | _ | | | | |
| С | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organizati XIII. | ion's collections a | and expla | in how t | hey further | the org | ganization's exen | npt purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | |
| Dord | | | inea as p | Dait Of the | o organizati | 0113 00 | meetion: | ☐ Yes | ☐ No |
| Part | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | - | | | | ot 🗌 Yes | ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing ta | able: | | | | |
| | | | | | | | Aı | mount | |
| С | Beginning balance | | | | | 10 | ; | | |
| d | Additions during the year | | | | | 1d | I | | |
| е | Distributions during the year | | | | | 1e | • | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amoun | it on Form 990, Pa | art X, line | 21, for e | scrow or co | ustodia | l account liability | ? 🗌 Yes | ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check here | e if the ex | cplanatio | n has been | provide | ed on Part XIII . | | |
| Par | | | | | | | | | |
| | Complete if the organization | answered "Yes" | on For | m 990, F | Part IV, line | e 10. | | | |
| | | (a) Current year | (b) Prid | or year | (c) Two year | rs back | (d) Three years back | (e) Four ye | ars back |
| 1a | Beginning of year balance | 64,167. | 5(|),977. | 52, | 464. | 53,015. | 48 | 3,109. |
| b | Contributions | | | | | | | 2 | 2,000. |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | -5,484. | 14 | 1,604. | - | 124. | 780. | 3 | 3,913. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | 1,534. | 1 | 1,414. | 1, | 363. | 1,331. | | 1,007. |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 57,149. | 64 | 1,167. | 50, | 977. | 52,464. | 53 | 3,015. |
| 2 | Provide the estimated percentage of the | ne current year en | d balanc | e (line 1g | , column (a |)) held | as: | • | |
| а | Board designated or quasi-endowmen | ıt ▶ 0. | . % | | | | | | |
| b | Permanent endowment ► 100 |).% | | | | | | | |
| С | Term endowment ► 0.% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | 2c should equal 10 | 00%. | | | | | | |
| 3a | Are there endowment funds not in the | possession of th | e organi: | zation tha | at are held | and ad | ministered for th | е | |
| | organization by: | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | × |
| | (ii) Related organizations | | | | | | | 3a(ii) | × |
| b | If "Yes" on line 3a(ii), are the related or | ganizations listed | as requi | red on So | chedule R? | | | 3b | |
| 4 | Describe in Part XIII the intended uses | - | | | | | | | |
| Part | VI Land, Buildings, and Equip | ment. | | | | | | | |
| | Complete if the organization | | on For | m 990, F | Part IV, line | e 11a. | See Form 990, | Part X, lin | e 10. |
| | Description of property | (a) Cost or oth (investme | her basis | (b) Cost o | or other basis ther) | (c) | Accumulated epreciation | (d) Book | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | | | | | |
| d | Equipment | | 0. | | 5,030. | | 5,030. | | 0. |
| e | Other | | | | | | , | | |
| | Add lines 1a through 1e. (Column (d) m | | 90, Part) | K, column | n (B), line 10 | Oc.) | • | | 0. |

| Part VII | Investments – Other Securities. | 222 5 . 11/ 11 | 6 - | |
|----------------|---|-------------------------|---------------------|--|
| | Complete if the organization answered "Yes" on For | m 990, Part IV, Iin | ie 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | | hod of valuation: -of-year market value |
| (1) Financial | derivatives | | | |
| . , | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | man (h) manat a man (Farma 000 Dark V and (P) line 10) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related. | | | |
| Part VIII | Complete if the organization answered "Yes" on Form | m 000 Part IV lin | o 11a Soo Form | 000 Part V line 12 |
| | | | | |
| | (a) Description of investment | (b) Book value | | hod of valuation: -of-year market value |
| (1) BENER | FICIAL INTEREST IN ASSETS HELD BY OTHERS | 57,149. | | • |
| (2) | TOTAL INTEREST IN ASSETS HELD BY OTHERS | 37,147. | I MV | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | 57,149. | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11d. See Form | 990, Part X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. | <u> </u> | | |
| raitx | Complete if the organization answered "Yes" on Form | m 990 Part IV lin | e 11e or 11f See | Form 990 Part X |
| | line 25. | 111 000, 1 art 14, 111 | 10 110 01 111. 000 | 71 01111 000, 1 dit 71, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal in | ** ** ** | | | (4) |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | <u></u> ▶ | |
| | uncertain tax positions. In Part XIII, provide the text of the footnote | | | |
| organization's | s liability for uncertain tax positions under FASB ASC 740. Check | here if the text of the | e footnote has been | provided in Part XIII . |

| Part | | - | Retur | n. |
|-----------|--|---------------------------------------|--------------------|----------|
| | Complete if the organization answered "Yes" on Form 990, I | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 486,889. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | |
| а | Net unrealized gains (losses) on investments | 2a -7,688. | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | -7,688. |
| 3 | Subtract line 2e from line 1 | | 3 | 494,577. |
| 4 | Amounts included on Form 990, Part VIII, line 12, 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 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 | 494,577. |
| Part | | | er Ret | urn. |
| | Complete if the organization answered "Yes" on Form 990, I | · · · · · · · · · · · · · · · · · · · | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 462,301. |
| 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 | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 462,301. |
| 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 | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 | 462,301. |
| Part 2 | | • | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | |
| Pt I: | II, Line 4: The Greater Milwaukee Foundation is an | independent organ | nizat | ion |
| | blished in 1915 for the purpose of managing perman | | | |
| | been established to benefit specific charitable a | | | |
| | in the greater Milwaukee community. The Greater M | | | |
| | | ill waance I banaaci | J11 11C | |
| | ram (Program) maintains one endowment fund on beha | | | • |
| Progi | | alf of the Organiza | ation | |
| Progi | ram (Program) maintains one endowment fund on beha | through regular co | ation ontri | butions |
| Progi | ram (Program) maintains one endowment fund on beha Program helps donors build charitable endowments co-mingled investment account. | alf of the Organiza | ation ontri | butions |
| Progi | ram (Program) maintains one endowment fund on beha Program helps donors build charitable endowments co-mingled investment account. | alf of the Organiza | ontri | butions |
| The | ram (Program) maintains one endowment fund on beha | through regular co | ation contri | butions |
| The a | ram (Program) maintains one endowment fund on beha Program helps donors build charitable endowments co-mingled investment account. | through regular co | ontri | butions |

| orm 990) 2021 | Page \$ |
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| Supplemental Information (continued) | • |
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

| PRESENT MUSIC, INC. | 39-1438119 |
|---|-----------------|
| Pt VI, Line 11b: A copy of IRS form 990 and applicable schedules i | s provided |
| to the board of directors for review and approval prior to filing. | |
| Pt VI, Line 12c: The board of directors complete conflict of inter | est 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 serv | e 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 serv | e as volunteers |
| and receive no compensation. | |
| Pt VI, Line 19: 990 is available upon request from the Present Mus | ic offices |
| during normal business hours. | |
| Pt VI, Line 8a: The policy is to document minutes of board and comm | ittee meetings. |
| | |
| Pt VI, Line 8b: The policy is to document minutes of board and comm | ittee meetings. |
| | |
| Pt IX, Line 24e: | |
| Description: COMMISSIONS OF NEW MUSIC | |
| Total: \$63,743 | |
| Program services: \$63,743 | |
| Management and general: \$0 | |
| Fundraising: \$0 | |
| | |
| | |
| | |
| | |

All Other Expenses

2021

Name Employer Identification No. 39-1438119

| Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|-----------------------------|--------------|----------------------------|----------------------------------|--------------------|
| COMMISSIONS OF NEW MUSIC | 63,743. | 63,743. | 0. | 0. |
| | | | | |
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| Total to Form 990, Part IX, | | | | |
| line 24e | 63,743. | 63,743. | 0. | 0. |