### \*\*\* PUBLIC DISCLOSURE COPY \*\*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

▶ 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.

Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning AUG 1, 2019 and	وا ending	<u>UL 31, 2020</u>	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		80-05570	88
	Initial return Final	QQQ DTII AMENITE CW	Room/suite	E Telephone number 678-235-	
	return termir ated			G Gross receipts \$	1,535,001.
	Amen			_	
H	lreturn ∏Applio			H(a) Is this a group re	
	tiòn pendi	F Name and address of principal officer: FIIIIIF OURAVED		for subordinates	
_		77		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1,	list. (see instructions)
		te: > WWW.ATLANTAMUSICPROJECT.ORG		H(c) Group exemption	
		organization: X Corporation	<b>L</b> Year	of formation: 2010 N	N State of legal domicile: GA
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t II}$	NSPIRE	SOCIAL CHA	NGE BY
anc		PROVIDING ATLANTA'S UNDERSERVED YOUTH THI	E OPPO	RTUNITY TO	LEARN AND
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
Š		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			59
įŧį		Total number of volunteers (estimate if necessary)			50
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
	<del>  ~</del>			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,285,704.	1,490,587.
	9			38,185.	44,409.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43.	5.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,211.	0.
				3,331,143.	1,535,001.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		542,169.	574,462.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	36	0.	0.
X	_b	Total fundraising expenses (Part IX, column (D), line 25)	<del>50.</del>	565,677.	734,499.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,107,846.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		Revenue less expenses. Subtract line 18 from line 12		2,223,297.	226,040.
is o			Re	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		2,620,807.	2,610,508.
Net Assets or Find Ralances	21	Total liabilities (Part X, line 26)		316,469.	75,466.
		Net assets or fund balances. Subtract line 21 from line 20		2,304,338.	2,535,042.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		
		DANTES RAMEAU		3/10/21	
Sig	jn	Signature of officer		Date	
He	re	DANTES RAMEAU, CHIEF EXECUTIVE OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d		R CPA0	2/19/21 if self-employed	P00166737
Pre	parer	Firm's name BRADY, WARE & SCHOENFELD, INC.		Firm's EIN	35-1476702
Use	Only	Firm's address 11175 CICERO DRIVE SUITE 300			
		ALPHARETTA, GA 30022-1166		Phone no. 67	8-350-9500
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No

Page 2

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO EMPOWER UNDERSERVED YOUTH TO REALIZE THEIR POSSIBILITIES THROUGH
	MUSIC.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 928,632. including grants of \$) (Revenue \$
	CONDUCT ORCHESTRA, CHOIR, MUSICIANSHIP AND GROUP LESSONS AND AN AFRICAN
	DRUM AND DANCE WORKSHOP. PERFORMANCES ARE HELD REGULARLY AND STUDENTS
	ATTEND CULTURAL EVENTS IN AND AROUND ATLANTA.
4b	(Outer ) (Formula )
40	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 928,632.

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
-	during the tax year? If "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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		, v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ •
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  *</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• , , , , , , , , , , , , , , , , , , ,			

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# Form 990 (2019) ATLANTA MUSIC PROJECT INC. Part IV Checklist of Required Schedules (continued)

Га	Officerist of Required Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b> </b> ₩
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
<del>-</del>		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>F</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	I

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# Form 990 (2019) ATLANTA MUSIC PROJECT INC. 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	2a 59						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b		X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X			
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 Ac	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 serv	ices provided to the payor?	7a		Х			
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	s required						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e 7f					
f	3 7 3 7 71 71 7 37 1							
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8	,							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а			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:	1						
а		10a						
b	, , , , , ,	10b						
11	Section 501(c)(12) organizations. Enter:	11a						
a		11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446						
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b	100					
		12b	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.		IJa					
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D		13b						
С		13c						
		'	14a		Х			
	<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> </ul>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b					
excess parachute payment(s) during the year?								
	If "Yes," see instructions and file Form 4720, Schedule N.		15					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
				222				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion 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					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
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		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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		Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х			
12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37			
а	The organization's CEO, Executive Director, or top management official	15a	Х	37		
b	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37		
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
0	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with which a copy of this Form 990 is required to be filed   GA  Continued to the states with the state of the		A	-1-1		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	ı) avail	apie		
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain on Schedule O)	: ۵	!-!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finai	icial			
00	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 ▶					
	883 DILL AVENUE SW, ATLANTA, GA 30310					

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson i	than is bot	h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN SPARROW	2.00	x						0.	.0	0
TRUSTEE (2) AISHA MOODY	50.00	^						0.	0.	0.
CHIEF PROGRAM OFFICER	30.00	X						63,712.	0.	0.
(3) JIM BARKSDALE	2.00							03,712.	0.	<u> </u>
TRUSTEE	200	x						0.	0.	0.
(4) DOUG HOOKER	2.00									
TRUSTEE		Х						0.	0.	0.
(5) STEVE WADLEY	2.00									
TRUSTEE		Х						0.	0.	0.
(6) PHILIP JURAVEL	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(7) DANTES RAMEAU	50.00									
CHIEF EXECUTIVE OFFICER		Х		Х				76,158.	0.	0.
(8) BYRON GIBBS	5.00	ļ		l					•	
TREASURER	F 00	Х		Х				0.	0.	0.
(9) ANGIE WILLIAMS	5.00	٠,,							0	0
TRUSTEE	5.00	Х						0.	0.	0.
(10) DAWN PARSON TRUSTEE	3.00	X						0.	0.	0.
(11) SARAH GRIESENAUER	5.00	^						0.	0.	0.
SECRETARY	3.00	x		Х				0.	0.	0.
(12) BRENDAN MURPHY	2.00							· ·	<u> </u>	•
TRUSTEE		x						0.	0.	0.
(13) CEASAR MITCHELL	2.00									
TRUSTEE		Х						0.	0.	0.
(14) ANDY PITTMAN	2.00									
TRUSTEE		Х						0.	0.	0.
						$\vdash$				
		1								

Pai	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box	Position (do not check more than on box, unless person is both a officer and a director/trustee				h an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		am c	(F) timated tount of other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	1 .		om the anization I relate	e on ed
1b	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	139,870.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<b>▶</b>	139,870.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	e			0
3	Did the organization list any <b>former</b> officer,										!		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	and related organizations greater than \$1500 Did any person listed on line 1a receive or a second to the approximation of 1500 Members of 1500	accrue compe	nsat	ion f	from	any	/ unr					4		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	piete Scriedui	<del>e</del> J i	OI SI	ucn	pers	SOII .					5		
1	Complete this table for your five highest co	=	-								ipens	ation fr	om	
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	(C) Compen		1
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	ال می	ster	d ahove) who received m	nore than				
_	\$100,000 of compensation from the organi		10 t II		G 10		0	J. GC	a above, willo received in	ioro triair			200 (0	

· u	rt V	Ш		B	and the their Don't Mill			
-			Check if Schedule O contains a respon	nse or note to any II	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts		b c d e f g h a b c d e f	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f  MUSIC PROGRAM  All other program service revenue	Business Code 711130	1,490,587.	44,409.		Sections 512 - 514
		g	Total. Add lines 2a-2f	<b>_</b>	44,409.			
	3 4 5		Investment income (including dividends, in other similar amounts)  Income from investment of tax-exempt bor Royalties	nd proceeds	5.			5.
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
	7	а	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securiting 7a					
er Revenue		d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	<b>&gt;</b>				
Othe	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	8a 8b				
	9	С	Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19	9a				
	10	С	Less: direct expenses	9b				
	10	b	Less: cost of goods sold	10a 10b				
-		С	Net income or (loss) from sales of inventor	Business Code				
snc	44			business Gode				
Miscellaneous Revenue	11	a b		_				
ella el		C		_				
<u>s</u>			All other revenue	_	1			
≥			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,535,001.	44,409.	0.	5.

### 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).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	. 512. 57.5011000	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	139,870.	87,954.	51,916.	
_	trustees, and key employees	139,070.	01,334.	31,910.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	356,466.	231,661.	29,429.	95,376
7	Other salaries and wages	330,400.	231,001.	29,429.	95,376
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	78,126.	49,880.	10,217.	18,029
10	Payroll taxes	10,120.	49,000•	10,411.	10,029
11	Fees for services (nonemployees):				
a	Management	44,048.	26,558.	17,490.	
b	Legal	44,040.	20,330.	17,490.	
C	Accounting				
d	Lobbying Professional fundraising convices. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	2,000.		2,000.	
10	Advertising and promotion	9,186.	4,593.	4,593.	
12 13		103,812.	4,333.	103,812.	
	Office expenses	103,012.		103,012.	
14 15	Information technology				
16	Royalties	75,000.	56,250.	18,750.	
17	Occupancy	13,372.	6,686.	6,686.	
18	Travel Payments of travel or entertainment expenses	13/3/21	0,000.	0,000.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	139,157.	139,157.		
23	Insurance	59,333.	50,433.	8,900.	
24	Other expenses. Itemize expenses not covered	32,73331	33, 233	7,555	
	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 0.)				
а	TEACHERS' FEES	231,139.	231,139.		
b	MUSICAL EVENTS	31,342.	31,342.		
c	FUNDRAISING	13,131.	, -		13,131
d	STORAGE	8,553.	8,553.		- ,
-	All other expenses	4,426.	4,426.		
25	Total functional expenses. Add lines 1 through 24e	1,308,961.	928,632.	253,793.	126,536
26	Joint costs. Complete this line only if the organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20	L	L	L	Form <b>990</b> (201

## Part X Balance Sheet

Га	ILΛ	Dalance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			298,908.	1	339,170.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	555,500.	3	415,000.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
ts	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,921,703.			
	b	Less: accumulated depreciation	10b	241,520.	1,539,421.	10c	1,680,183.
	11	Investments - publicly traded securities			7,629.	11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		219,349.	15	176,155.	
	16	Total assets. Add lines 1 through 15 (must ed		2,620,807.	16	2,610,508.	
	17	Accounts payable and accrued expenses			316,469.	17	75,466.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Ě		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ted third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables <sup>•</sup>	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			216 160	25	
	26	Total liabilities. Add lines 17 through 25			316,469.	26	75,466.
ဟု		Organizations that follow FASB ASC 958, cl	heck her	e ▶ <u>X</u>			
ည		and complete lines 27, 28, 32, and 33.			1 450 000		1 000 001
ala	27				1,479,938.	27	1,803,391.
B	28	Net assets with donor restrictions			824,400.	28	731,651.
Š		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖 📗			
P.		and complete lines 29 through 33.					
its (	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0 204 222	31	0 525 040
Ž	32	Total net assets or fund balances			2,304,338.	32	2,535,042.
	33	Total liabilities and net assets/fund balances			2,620,807.	33	2,610,508.

U111	1000 (2010)			, u	<u> </u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8 8	1,53 1,30 22 2,30	5,0 8,9 6,0	61. 40. 38. 64.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,53	5,0	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		2a	Yes	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Sci As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	e basis, e audit,		X	
Ja	Act and OMB Circular A-133?	igie Addit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.	ired audit	3h		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ATLANTA MIISTO PROJECT INC

Employer identification number 80-0557088

<b>D</b> -	[			FROUECT INC.				0-0337000	
Ра	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.		
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)			
1	Ш	A church, convention of ch	urches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>						
2		A school described in secti	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in	
_		section 170(b)(1)(A)(iv). (C		,		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
	X	An organization that norma	_					I public described in	
•		section 170(b)(1)(A)(vi). (Co	•	ilitiai part of its support i	ioiii a gov	errineritai	unit of from the general	public described in	
0			• •	(1)(A)(vi) (Complete Bord	+ II \				
8	H	A community trust describe						. a a ll a sa	
9		An agricultural research org				-	_	•	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or	
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving	
		control or management o	•					-	
		organization(s). You mus					3 1	į.	
С		Type III functionally inte	-		in connec	tion with.	and functionally integrat	ed with.	
·		its supported organization						ou man,	
d		Type III non-functionally		•				ization(s)	
u		that is not functionally int					• • • • • •	* *	
		requirement (see instructi	-	* .	•		•	liveriess	
_		1 '	•	-					
е		Check this box if the orga					a type i, type ii, type iii		
		functionally integrated, or	* *	rially integrated support	ing organi.	zation.			
T		r the number of supported o		-1				,	
<u>g</u>		ride the following information  Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	٠,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))	165	NO	, ,	· · · · · · · · · · · · · · · · · · ·	
F . 4 .									

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

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

Sec	ction A. Public Support	71	•	,				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	, ,	` '	` '	`,	` '	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	740,641.	708,745.	737,103.	3,260,982.	1,486,486.	6,933,957.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	740,641.	708,745.	737,103.	3,260,982.	1,486,486.	6,933,957.	
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)							
_6	Public support. Subtract line 5 from line 4.						6,933,957.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016 708, 745.	(c) 2017 737, 103.	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	740,641.	708,745.	737,103.	3,260,982.	1,486,486.	6,933,957.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	4 - 4				_		
	and income from similar sources	152.	61.	134.	43.	5.	395.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						6,934,352.	
12	Gross receipts from related activities,	•	,			12		
13	•	· ·	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
50/	organization, check this box and storection C. Computation of Publ						<b>P</b>	
	· · · · · · · · · · · · · · · · · · ·			l		44	99.99 %	
	Public support percentage for 2019 (					15	99.99 %	
	Public support percentage from 2018 33 1/3% support test - 2019. If the o							
104	stop here. The organization qualifies							
h	33 1/3% support test - 2018. If the							
	and <b>stop here.</b> The organization qual							
179	10% -facts-and-circumstances tes							
176	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-		-		
h	10% -facts-and-circumstances tes							
	more, and if the organization meets the	_						
	organization meets the "facts-and-cire							
18								
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•			•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		` '	, ,	<b>,</b> ,	<b>'</b>	( )
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, this	rd, fourth, or fifth t	lax vear as a section	n 501(c)(3) organi:	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	<del>/</del> 6
	ction D. Computation of Inves					1 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2019. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Í I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 in (a) 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	O1-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	of the dapperture of garinzation of the foot accommon in a late of the played by the organization in this regard.	3		

Pai	<sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instru					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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 1-1/2% 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 .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 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	ly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Devide the evaluations required by Dart II, line 10, Dart II, line 17, or 17h, Dart III, line 19.
i dit 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,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ATLANTA MUSIC PROJECT INC.

**Employer identification number** 80-0557088

Schedule D (Form 990) 2019

25671\_01

Pai	t I Organizations Maintaining Donor Advise		or Accou	ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fun	ds 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			
5	Did the organization inform all donors and donor advisors in		ed 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 a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	onferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically	important land area
	Protection of natural habitat	Preservation of a	certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired $% \left( x\right) =\left( x\right) \left( x\right) \left($	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatior	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemei	nts during the year
_	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that des	scribes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Simil	ar Accate
Га	Complete if the organization answered "Yes" on Form	-		ai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balanaa (	shoot works
ıa	of art, historical treasures, or other similar assets held for pul	, ,		
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·		public
h	If the organization elected, as permitted under FASB ASC 95			at works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance or po	ablic service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			*
_	the following amounts required to be reported under FASB A	,	gani, provid	-
а	Revenue included on Form 990, Part VIII, line 1	_	<b>L</b>	\$
	Assets included in Form 990, Part X			

932051 10-02-19

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

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make sig	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						/?	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					•			
Par									
	·	(a) Current year		rior year	1		) Three years ba	ack (e) Four ye	ears back
1a	Beginning of year balance	(,,	()	, , , , , , , , , , , , , , , , , , ,	(-, ,		, ,	(-, ,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
ŭ									
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column (:	a)) held as:			<u> </u>	
	Board designated or quasi-endowment	rent year end balane	%	g, column (	ajj ricia as.				
	Permanent endowment	%	_′°						
·	The percentages on lines 2a, 2b, and 2c sho	, -							
32	Are there endowment funds not in the posse		ation tha	nt are hold a	and administs	arod for the	organization		
Ja		ssion of the organiza	ation the	it are rield a	ina aaniiniste	red for the	Gigariization	[v	es No
	by: (i) Unrelated organizations							- t	63 140
h	(ii) Related organizations								
4								30	
<u> </u>	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willelit	iurius.					
ı aı	Complete if the organization answere		) Part IV	/ lino 11a 9	Soo Form 900	) Dart V lir	20.10		
					1			(al) Dealer	
	Description of property	(a) Cost or o basis (investr		. ,	t or other		umulated eciation	(d) Book v	/alue
	Land	<del>-   ` ` </del>	nent)	Dasis	(other)	uepre	-ciatioi i		
	Land			<u>ງ າ</u>	22,750.	-	18,367.	204	,383.
	Buildings				7,997.		32,444.		<u>, 563.</u> , 553.
	Leasehold improvements				2,949.				, 245.
	Equipment				8,007.		27,704.		
	Other		<i>t</i>			_	13,005.	1,680	,002.
ı otal	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. colun	nn (B). Iine i	IUC.)			1,000	, <b>±</b> 00.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ATLANTA MUSI	C PROJECT	INC.	80-0557088 <sub>Page</sub>
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		line 11d. See Form 990, Part X, line 15.	1 015
	Description		(b) Book value
(1) LONG-TERM PLEDGES RECEIVA	BLE, NET		176,155
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<i>4</i> = \		176,155
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		1/0,133
	F 000 D-+ IV	line dde anddf Oes Farm 000 Dest V line	05
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X, III	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(6) (7) (8)

	(Form 990) 2019	ATLANTA MUSIC			80-033/088	<u>_</u> F
Part XI	Reconciliation of	f Revenue per Audite	ed Financial	Statements Wi	th Revenue per Return.	
			- 000 D . II			

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,556,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,664.		
b	Donated services and use of facilities	2b	17,122.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d				21,786.
3	Subtract line 2e from line 1				1,535,001.
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	0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,535,001.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,340,003.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	17,122.		
	Prior year adjustments				
	Other losses	00			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	17,122.
3	Subtract line 2e from line 1			3	1,308,961.
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,308,961.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" RETURNS, OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER

Schedule D (Form 990) 2019

Part XIII   Supplemental Information (continued)
THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING
AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE
ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY
POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY, AS
OF JULY 30, 2020.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

ATLANTA MUSIC PROJECT INC.

**Employer identification number** 80-0557088

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERFORM MUSIC IN OCHESTRAS AND CHOIRS

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

THE 990 WAS SENT TO AND REVIEWED BY THE EXECUTIVE DIRECTOR, CHAIR AND TREASURER, WHO IS ALSO THE CHAIR OF THE FINANCE COMMITTEE, PRIOR TO FILING. THE TAX PREPARER DISCUSSED THE 990 WITH THEM AND ADDRESSED ALL QUESTIONS AND/OR COMMENTS. THEY HAVE THE AUTHORITY TO REVIEW AND ACCEPT THE 990, WHICH WAS REPORTED TO THE FULL BOARD OF DIRECTORS.

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

MANAGEMENT AND THE BOARD OF DIRECTORS MONITOR TRANSACTIONS ON A CONTINUING ANY POTENTIAL NON-COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS DEALT WITH AT THE BOARD OF DIRECTORS MEETINGS. THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE EXECUTED ON AN ANNUAL BASIS.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE CONTRACT AND PERFORMANCE IS REVIEWED, VOTED UPON AND APPROVED BY THE BOARD.

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

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)