Form 8879-E0	IRS <i>e-file</i> Signa for an Exem	ture Authorization pt Organization		OMB No. 1545-0047
For calenda	ar year 2020, or fiscal year beginning		06/30,20 21	
Department of the Treasury Internal Revenue Service	Do not send to the I	RS. Keep for your records. 879EO for the latest information		2020
Name of exempt organization or person s	ubject to tax		Taxpayer identification	on number
CHICAGO ARTS AND N	AUSIC PROJECT		83-150663	39
Name and title of officer or person subject	t to tax			
LINDSAY FREDRICKS	ON - EXECUTIVE DIRE	CTOR		
Part I Type of Return a	nd Return Information (Who	le Dollars Only)		
check the box on line 1a , 2a , 3 blank, then leave line 1b , 2b , 3 return, then enter -0- on the app	which you are using this Form 88 a, 4a, 5a, 6a, or 7a below, and b, 4b, 5b, 6b, or 7b, whichever licable line below. Do not complete b. Total revenue, if any (Form	the amount on that line for is applicable, blank (do not e ete more than one line in Par	the return being file enter -0-). But, if yo t I.	ed with this form was ou entered -0- on the
2a Form 990-EZ check here ►	b Total revenue, if any (Form	990, Part VIII, Column (A), Ime orm 990-EZ, line 9)		1b 2b 63547
3a Form 1120-POL check here)-POL, line 22)		3b
4a Form 990-PF check here ►	•	t income (Form 990-PF, Part \		4b
5a Form 8868 check here ►		3, line 3c)		40 5b
6a Form 990-T check here ►		rt III, line 4)		6b
7a Form 4720 check here ►		rt III, line 1)		7b
	Signature Authorization of C			15
	are that X I am an officer of the a			o tax with respect to
(name of organization)		, (EIN)		ave examined a copy
processing the return or refund, Agent to initiate an electronic fun software for payment of the fede a payment, I must contact the U (settlement) date. I also authoriz confidential information necessar	knowledgement of receipt or rea and (c) the date of any refund. If nds withdrawal (direct debit) entry eral taxes owed on this return, an .S. Treasury Financial Agent at 1 e the financial institutions involve any to answer inquiries and resolv y signature for the electronic retu	applicable, I authorize the U. y to the financial institution ac d the financial institution to d -888-353-4537 no later than d in the processing of the ele e issues related to the payme	S. Treasury and its ccount indicated in ebit the entry to thi 2 business days pri- actronic payment of ent. I have selected	designated Financial the tax preparation s account. To revoke or to the payment taxes to receive a personal
PIN: check one box only				l
X I authorize DNC ACCOUN	NTING SOLUTIONS ERO firm name	to enter my PIN	16639Enter five numbers, bdo not enter all zeros	
	onically filed return. If I have indic g charities as part of the IRS Fed/ ure consent screen.		copy of the return	is being filed with a
electronically filed return. If	ject to tax with respect to the org I have indicated within this retur of the IRS Fed/State program, I	n that a copy of the return is	being filed with a st	tate agency(ies)
Signature of officer or person subject to t		kson	Date ► 2/11/20)22
Part III Certification and				
ERO's EFIN/PIN. Enter your six number (EFIN) followed by your	-digit electronic filing identificatio five-digit self-selected PIN.	n	5 8 9 6 4 ^r Do not ent	7 1 9 9 8 4 er all zeros
that I am submitting this return in IRS <i>e-file</i> Providers for Business	entry is my PIN, which is my sign n accordance with the requireme Returns. NTING SOLUTIONS LSTON			nation for Authorized
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Do	ERO Must Retain This Not Submit This Form to th	Form — See Instruction In IRS Unless Requested		

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (sccept private foundations) Department of the Transar Internal Revenue Section Depart of the Transar Internal Revenue Section Demonstration Demonstration Internal Revenue Section Demonstration Revenues Section Demonstration Revenues Section Demonstration Revenues Section Demonstration Revenues Section Demonstration Demonstration Revenue	Form	<u>9</u>	0-EZ Return of Organization Exempt From Income Tax		
Department of the Treasery > Do not enter social security numbers on this form, as it may be made public. Department of the Treasery	FOIII			ations)	2020
Constant of the Total point C to tww.ik.ag.ov/Com/S02CZ for instructions and he latest information. Inspection A For the 2020 calendary year, or tax year beginning 07/01 , 2020, and ending 06/30 2021 2021 Consult igoutable: C Name of agentation CHICAGO ARTS AND MUSIC PROJECT Displayer identification number 33-1506539 33-1506539 33-1506539 Number and street CHICAGO ARTS AND MUSIC PROJECT Number and street provides country, and 2Per foreign postal code Promission 33-1506539 33-1506539 Availation provides country, and 2Per foreign postal code View Street Street Science					
If G to www.rs.gov/Em980E2 for instructions and the latest information. A For the 2320 calendar year, or tax year beginning 0.7.7.01 .2020, and ending 0.6.7.30 .20.2.1 B creak regulation CHITCAGO ARTS S AND MISIC PROJECT Benetic addresses Benetic addresses Benetic addresses Benetic addresses Plantation and status and status addresses Plantation addresses Plantation addresses Status addresses	Depa	rtment c	of the Treasury		
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 63547 10 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13352 13 Professional fees and other payments to independent contractors 13 47421 14 Occupancy, rent, utilities, and maintenance 14 1101 15 Printing, publications, postage, and shipping 15 219 16 Other expenses (describe in Schedule O) 16 8913 17 Total expenses. Add lines 10 through 16 17 71006 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20		с	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13352 13 Professional fees and other payments to independent contractors 13 47421 14 Occupancy, rent, utilities, and maintenance 14 1101 15 Printing, publications, postage, and shipping 15 219 16 Other expenses (describe in Schedule O) 16 8913 17 Total expenses. Add lines 10 through 16 17 71006 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20		8	Other revenue (describe in Schedule O)	8	1000
11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13352 13 Professional fees and other payments to independent contractors 13 47421 14 Occupancy, rent, utilities, and maintenance 14 1101 15 Printing, publications, postage, and shipping 15 219 16 Other expenses (describe in Schedule O) 16 8913 17 Total expenses. Add lines 10 through 16 17 71006 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63547
set 12 Salaries, other compensation, and employee benefits 12 13352 13 Professional fees and other payments to independent contractors 13 47421 14 Occupancy, rent, utilities, and maintenance 14 1101 15 Printing, publications, postage, and shipping 15 219 16 Other expenses (describe in Schedule O) 15 219 17 Total expenses. Add lines 10 through 16 17 71006 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20		10	Grants and similar amounts paid (list in Schedule O)	10	
13 Professional fees and other payments to independent contractors 13 47421 14 Occupancy, rent, utilities, and maintenance 14 1101 15 Printing, publications, postage, and shipping 15 219 16 Other expenses (describe in Schedule O) 16 8913 17 Total expenses. Add lines 10 through 16 17 71006 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20					-
16 Other expenses (describe in Schedule O) 16 16 8913 17 Total expenses. Add lines 10 through 16 17 16 8913 18 Excess or (deficit) for the year (subtract line 17 from line 9) 1 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	es	12			
16 Other expenses (describe in Schedule O) 16 16 8913 17 Total expenses. Add lines 10 through 16 17 16 8913 18 Excess or (deficit) for the year (subtract line 17 from line 9) 1 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	sue				
16 Other expenses (describe in Schedule O) 16 16 8913 17 Total expenses. Add lines 10 through 16 17 16 8913 18 Excess or (deficit) for the year (subtract line 17 from line 9) 1 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	ďx	14			
17 Total expenses. Add lines 10 through 16 17 71006 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20	Ш́				
18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7459 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 -7459 19 Other changes in net assets or fund balances (explain in Schedule O) 19 19					
19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances (explain in Schedule O)20				_	
 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 	ţs			18	-7459
image: image of year ingure reported on prior year's return) 19 image: image: image of year ingure reported on prior year's return) 19 image: image: image of year ingure reported on prior year's return) 10 image: image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) 10 image: image of year ingure reported on prior year's return) <	sse	19			
$\frac{10}{2}$ 20 Uther changes in net assets or fund balances (explain in Schedule O)	Ę	••		_	
-7459	Net				
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-7459

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

Form **990-EZ** (2020)

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83-1506639

Form	990-EZ (2020)					Page 2
Pa	rt II Balance Sheets (see the instructions	,				
	Check if the organization used Schedul	e O to respond to a				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	25	C
26	Total liabilities (describe in Schedule O) .			0	26	C
27	Net assets or fund balances (line 27 of colum	· · · •		0	27	0
Par		•		·		F
	Check if the organization used Schedul	· · · · · · · · · · · · · · · · · · ·			(Bea	Expenses uired for section
What	t is the organization's primary exempt purpose?	PROVIDES FR	EE EL SISTEMA	ORCHESTRA		c)(3) and 501(c)(4)
as m	ribe the organization's program service accomp neasured by expenses. In a clear and concise ons benefited, and other relevant information for e	manner, describe the			orga othe	nizations; optional for rs.)
28	Chicago Arts and Music Project provides free El Sistema					T
20	orchestral training in Chicago s East Garfield Park					
	neighborhood					
		nt includes foreign gra	ants. check here	▶ □	28a	1023
29						
	(Grants \$) If this amour	nt includes foreign gra	ants, check here .	🕨 🗌	29a	
30	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$) If this amour	nt includes foreign gra	ants, check here .	🕨 🗌	30a	
31	Other program services (describe in Schedule O)					
		nt includes foreign gra			31a	
32	Total program service expenses (add lines 28a	a through 31a)		🕨	32	1023
Par					nstruc	tions for Part IV)
	Check if the organization used Schedul	e O to respond to a				<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		Ó	Estimated amount of ther compensation
LIN	NDSAY FREDRICKSON					
EXEC	CUTIVE DIRECTOR	5	7598			
JON	J WEBER					
DEVE	LOPMENT COMMITTEE	5	0			
MIC	CHAEL LEWANSKI					
FINA	NCE COMMITTE	5	0			
JUA	AN HORIE					
DEVE	CLOPMENT COMMITTEE	5	0			
MOI	LY HUNSINGER					
PRE	CSIDENT	5	0			
	ESIDENT FIE HICKEY	5	0			
CAT		<u>5</u>	0			
CAT	TIE HICKEY					
CAT DEVE ERI	CIE HICKEY					
CAT DEVE ERI TRE	CIE HICKEY Clopment committee CCA LAMB	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY Elopment committee ECA LAMB EASURER	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			
CAT DEVE ERI TRE SCO	TIE HICKEY ELOPMENT COMMITTEE ECA LAMB EASURER DTT DICKINSON	5	0			

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Form 990-EZ (2020)

CHICAGO ARTS AND MUSIC PROJECT

Page 3

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
22	Did the examination engage in any eignificant estimity not providually reported to the IDCO If "Vec." any dependent		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		77
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		X
U	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ► IL			
42a	The organization's books are in care of ► CHICAGO ARTS AND MUSIC PROJECTION OF CHICAGO ARTS AND		55-5	508.7
h	Located at \blacktriangleright 918 S LOMBARD AVE APT 1S, OAK PARK IL ZIP + 4 \blacktriangleright 6030 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	J4 	Yes	No
~	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	
14-	Did the expensioning maintain any dense advised funds during the users of the Way " From 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х

Form 9	990-EZ (2020)		P	Page 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
Par	t VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tak	oles f	or lin	es
	50 and 51.			
	Check if the organization used Schedule O to respond to any question in this Part VI			. 🗆

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$100,000 of compensation from the organization. If there is none, enter "None."

(a)	Name and business address of each independent contra	tractor (b) Type of	service	(c) Compensation
NONE				
3				
,				
,				
,				
,				
d Tota	I number of other independent contractors e	each receiving over \$100,000 .	. ►	
	the organization complete Schedule A? pleted Schedule A			
Under penalties true, correct, ar	s of perju ry, IDecolaignedaty! have examined this return, ind nd complete, Deglaration of prenarer (other than officer) i	cluding accompanying schedules and statistic based on all information of which prepared	arer has any knowled	ge.
	Lindsay Fredrickson			/11/2022
Sign	D23B0168C7D3403 Signature of officer		Date	
Here	LINDSAY FREDRICKSON - EXECUTIVE Type or print name and title	E DIRECTOR		
Paid	Print/Type preparer's name Prepa	arer's signature	Date	Check X if PTIN
Preparer	NICOLE S ALSTON		02/11/22	self-employed P01079984
Use Only	Firm's name ► DNC ACCOUNTING	G SOLUTIONS	Firm	s EIN ► 45-5556669
	Firm's address ► 5162 STONE TRACE STONE MOUL			ne no. (470)301-0588
way the IRS	discuss this return with the preparer showr	n above? See instructions		🕨 🗌 Yes 🖾 No

SCH	EDULE A	Du	hlia Charit	y Status and I	Dublia	Supp	ort	OMB No. 1545-0047
	n 990 or 990-EZ)			-		••		2020
		Complete if the organ		501(c)(3) organization or a se ch to Form 990 or Form		(a)(1) nonex	empt charitable trust.	
	ment of the Treasury	► Go		orm990 for instructions a		est inform	ation.	Open to Public Inspection
	of the organization						Employer identificati	
	-	S AND MUSIC I	PROJECT				83-15066	
Pa				organizations mus	t comple	ete this p		
_				s: (For lines 1 through			,	
1	A church, co	nvention of churcl	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	A school des	cribed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)	
3	A hospital or	a cooperative hos	spital service org	anization described in	n section	n 170(b)(1	l)(A)(iii).	
4	hospital's na	me, city, and state	e:	onjunction with a hosp				
5		ion operated for ((b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a governmer	ntal unit described in
6		, 0	0	mental unit described				
7	described in	section 170(b)(1)	(A)(vi). (Complet			a gover	nmental unit or fro	m the general public
8	_			(1)(A)(vi). (Complete I				
9				d in section 170(b)(1) iculture (see instruction				
10	An organizat receipts from support from	n activities related gross investment	to its exempt fu income and un	e than 33 ¹ /3% of its su nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom	eptions; a ne (less se	and (2) no more tha action 511 tax) fror	n 33 ¹ /3% of its
11		•		sively to test for public		•	,	
12		•	•	ively for the benefit o	-			arry out the purposes
				ns described in secti				
	Check the bo	ox in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizatio	on and complete lir	nes 12e, 12f, and 12g.
а	the supp	orted organization	(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
h		0 0	•	•				
b	control o	r management of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C .	the same			
с	🗌 Type III f	unctionally integ	rated. A suppor	ting organization oper	ated in co	onnectior	n with, and function	nally integrated with,
	its suppo	rted organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	that is no	t functionally integ	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ution requirement a	
е				a written determination				be II, Type III
f		ber of supported of						
g	Provide the fol	lowing information	n about the supp	orted organization(s).				
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetar support (see instructions)	y (vi) Amount of other support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								

(E)

CHICAGO ARTS AND MUSIC PROJECT

Schedule A (Form 990 or 990-EZ) 2020

 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) 2016
 (b) 2017
 (c) 2018
 (d) 2019
 (e) 2020
 (f) Total

 1
 Gifts, grants, contributions, and
 Image: Complete Part III
 Image: Complete Par

Calen		(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(1) 101ai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					51848	51848
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3					51848	51848
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						51848
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					51848	51848
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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	Total support. Add lines 7 through 10						51848
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the	•			•		
.	organization, check this box and stop he						🕨 🗙
	on C. Computation of Public Suppor	•					
14 15	Public support percentage for 2020 (line Public support percentage from 2019 Sci					14 15	<u>%</u> %
	33 ¹ / ₃ % support test-2020. If the organ					-	7.5
iou	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test - 2019. If the organithis box and stop here. The organization	ization did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or me	ore, check
17a	10%-facts-and-circumstances test-2 10% or more, and if the organization m Part VI how the organization meets the organization	neets the facts	-and-circumstaumstances tes	ances test, ch st. The organiz	eck this box a ation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop her s as a publicly	r e. Explain supported
18	Private foundation. If the organization						
	instructions						
						nedule A (Form 990	

Page 3

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
-	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 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.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
-	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
10	· · ·						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax ve	ar as a soctio	1 - 501(c)(3)
14	organization, check this box and stop he	•			· · · · · ·		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8	-		13 column (f))		15	%
16	Public support percentage from 2019 Sch						%
	on D. Computation of Investment In						
17	Investment income percentage for 2020 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019			•			%
19a	331/3% support tests-2020. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is m	nore than 331/3	
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗌
b	331/3% support tests-2019. If the organiz						
	line 18 is not more than 331/3%, check this I	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌
QNA					Sch	nedule A (Form 99	0 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

83-1506639

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

	Yes	No
11a		
11b		
11c		

Yes No

1

2

3

2a

2b

3a

3b

Yes No

Page 5

-		
2		
	Yes	No
_		

Page **6**

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).	ally i	ntegrated Type III suppo	orting organization

Part	le A (Form 990 or 990-EZ) 2020 V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	Page
Sect	ion D–Distributions		<u>.</u>		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2				2	
3		oses of supported orga	nizations	3	
4				4	
				5	
6				6	
7				7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020 Page 8				
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.)			

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2020
Name of the organization	Employer identi	fication number
CHICAGO ARTS	AND MUSIC PROJECT 83-1506	6639
Organization type (cl	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

SCHEDULE O	Supplemental Information to Form 99	O or 990-EZ OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to spo Form 990 or 990-EZ or to provide any additional	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest in: 	formation. Open to Public Inspection
Name of the organization		Employer identification number
CHICAGO ARTS	AND MUSIC PROJECT	83-1506639
FORM 990-EZ,	PART I, LINE 8 - OTHER REVENUE:	
DESCRIPTION	AMOUNT	
MISCELLANOUS	INCOME 1000	
TOTAL:	1000	
FORM 990-EZ,	PART I, LINE 16 - OTHER EXPENSES:	
DESCRIPTION	AMOUNT	
BAND SUPPLIES	395	
BANK SERVICE	CHARGE 15	
INSTRUMENTS	1815	
MARKETING ANI	PROMOTION 1097	
MEALS	380	
MEMBERSHIPS	1635	
OFFICE SUPPLI	ES 526	
ORCHESTRA SUE	PPLIES 413	
OTHER EXPENSE	2S 411	
PAYROLL TAXES	1020	
PROGRAM EXPEN	ISES 1023	
SHEET MUSIC	183	
TOTAL:	8913	



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CHICAGO ARTS AND MUSIC PROJECT 83-1506639 918 S LOMBARD AVE APT 1S OAK PARK, IL 60304

**** Schedule of Contributions, gifts, grants, and similar amounts received:

Description	Amount
DIRECT PUBLIC SUPPORT FOUNDATION GRANTS	31055
DIRECT PUBLIC SUPPORT BUSINESS CONTRIBUTIONS	40
DIRECT PUBLIC SUPPORT CORPORATE CONTRIBUTIONS	265
DIRECT PUBLIC SUPPORT INDIVIDUAL CONTRIBUTIONS	16153
GOVERNMENT GRANTS	2200
INDIRECT PUBLIC SUPPORT	435
PPP LOAN	1700
	51848

**** Schedule of Professional fees and other payments~to independent contractors:

Description	Amount
ACCOUNTING FEES	476
CONTRACT SERVICES	53
LEGAL FEES	635
INDEPENDENT CONTRACTOR	46257
	47421
	4/421

**** Schedule of Occupancy, rent, utilities, and maintenance:

Description	Amount
RENT	515
REPAIRS AND MAINTENANCE	41
INSTRUMENT REPAIRS	545
	1101

**** Schedule of Printing, publications, postage, and shipping:

Description	Amount
POSTAGE AND DELIVERY	219
	219