

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization TOSCO MUSIC PARTIES, INC		D Employer identification number 56-2135861
Doing business as		E Telephone number 704-568-9685
Number and street (or P.O. box if mail is not delivered to street address) 4953 ALBEMARLE RD		G Gross receipts \$ 261,672
Room/suite		
City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE NC 28205		
F Name and address of principal officer: John Tosco 4953 Albemarle Rd Charlotte NC 28205		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ toscomusic.org		L Year of formation: 1999
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-77
7b	Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	72,626
	9	Program service revenue (Part VIII, line 2g)	197,631
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	997
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-856
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,398
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,701
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,179	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	233,230
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	262,966
19		Revenue less expenses. Subtract line 18 from line 12	7,432
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	6,826
	22	Net assets or fund balances. Subtract line 21 from line 20	85,450

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<i>Copy John Tosco</i> Signature of officer	1/29/21 Date			
	John Tosco Type or print name and title	Executive Director			
Paid Preparer Use Only	Print/Type preparer's name DAVID A. CARLSON, CPA	Preparer's signature <i>David Carlson CPA</i>	Date 01/10/21	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01317591
	Firm's name David A. Carlson, CPA	Firm's EIN ▶ 57-0977653			
	Firm's address PO Box 754 Newberry, SC 29108	Phone no. 803-276-9756			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.