# Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

nite	Hai Hever	the Service   Information about Porm 990 and its instructions is at www.r	s.gov/ronnes	, , , , , , , , , , , , , , , , , , ,		10.00	
A	For the	2014 calendar year, or tax year beginning November 1 , 2014, and end	ing Octo	ober 31	, 20 15		
В	Check if	applicable: C Name of organization Music City Youth in the Arts, Inc.		D Employer identification number			
	Address	change Doing business as Music City Drum Corps		26-3258158			
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephon	e number		
	Initial ret	urn 1727 Elm Hill Pike			(615) 467-4090		
	Final retur	rn/terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amende	d return Nashville, TN 37210		G Gross re	ceipts \$	408,798	
	Applicati	ion pending F Name and address of principal officer: Keith Hall	H(a) Is this a	aroup return for s	subordinates? Yes	✓ No	
e control		1727 Elm Hill Pike, Nashville, TN 37210			included? Yes		
ı	Tax-exer	mpt status:			list. (see instruction		
J	Website		H(c) Grou	p exemption	number >		
K		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		1	of legal domicile:	TN	
-	art I	Summary	2.000				
100.00	1	Briefly describe the organization's mission or most significant activities: To ex-	fucate and tra	in young a	dults through		
9	1		addate disa di	in Joung C			
Activities & Governance		performing arts.					
Ë	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more tha	n 25% of i	ite not accore		
0	3	Number of voting members of the governing body (Part VI, line 1a)			no not about.	· o	
S	4	Number of independent voting members of the governing body (Part VI, line 1)				7	
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	C. C	the same and the same and the			
=	6	Total number of volunteers (estimate if necessary)		. 6		0	
Cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		25	
-	b	Net unrelated business taxable income from Form 990-T, line 34				0	
	D	Net unrelated business taxable income from Form 990-1, line 34	Prior	. 7b	Current Y	0	
		Contributions and march (Doub VIIII For Ab)		- Current 1			
ne	8	Contributions and grants (Part VIII, line 1h)	5,989 30 329,343 362				
Revenue	9	Program service revenue (Part VIII, line 2g)		329,343	329,343		
Rel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		12,992	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		335,332		405,818	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0	
68	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		42,950		0	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0	
x	b	Total fundraising expenses (Part IX, column (D), line 25) ▶					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		217,798		357,740	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		260,748		357,740	
_	19	Revenue less expenses. Subtract line 18 from line 12		74,584		48,078	
0 0	3		Beginning of C	Surrent Year	End of Ye	ear	
Net Assets or	20	Total assets (Part X, line 16)		156,660		212,975	
et A	21	Total liabilities (Part X, line 26)		66,763		75,000	
<b>Intercepts</b>	and an arrangement of the	Net assets or fund balances. Subtract line 21 from line 20	1	89,897		137,075	
E	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta			ny knowledge and	belief, it is	
tru	je, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	rer has any knov	vledge,			
		Ylana Watche					
Sig		Signature of officer ()	D	ate			
He	ere	Treasurer					
		Type or print name and title					
D.	aid	Print/Type preparer's name Preparer's signature	Date	Check [	] if PTIN		
	epare	This return was prepared by a		self-emp	The state of the s	IA	
	epare se Onl		Fir	m's EIN ▶	NA		
U:	oc UIII	Firm's address ▶		one no.			
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Ye	s 🗌 No	

WIII 38		, rige	_
art l	I	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u>]</u>
1		ly describe the organization's mission:	
	The	nission and purpose of Music City Youth in the Arts, Inc. shall be to provide youth with positive life-enriching experiences	
	throu	gh music education and performance opportunities.	
		***************************************	
	Did		
2	טום ו	he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	
	•		)
3		es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	
3			_
		Ces?	)
4			<b>L</b>
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
		otal expenses, and revenue, if any, for each program service reported.	15,
		sal expenses, and revenue, it any, for each program service reported.	
42	1Cor	e: ) (Expenses \$ 357,740 including grants of \$ 0 ) (Revenue \$ 362,480 )	_
40	•	e: ) (Expenses \$ 357,740 including grants of \$ 0) (Revenue \$ 362,480) organization fielded a competitive drum and bugle corps for the summer of 2015, with 130 members (ages 14 - 22). The corps	
		peted in Drum Corps International competitions, as well as hosting several free clinics for other youth.	
	COIL		•••
			•••
			•••
			••••
			****
	*****		
	*****		•••
4b	(Cod	le:) (Expenses \$including grants of \$) (Revenue \$)	
		***************************************	
		***************************************	
			••••
	•••••		
			••••
4c	(Cod	te: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	—
70	100	/ (Expenses of	
	•••••	, reverse to the contract of t	••••
			••••
	••		••••
		······································	
		······································	••••
	•••••		
	*****		
4d		er program services (Describe in Schedule O.)	
	(Ex	enses \$ including grants of \$ ) (Revenue \$ )	
4e	Tota	Il program service expenses ► 357,740	

Part I	V Checklist of Required Schedules	-	V 1	Na
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	✓	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		·
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	116		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schodule E	13		1
14 a	0	14a		1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		1
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		1
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		1
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 (see instructions)	17		1
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		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	

Form 99	0 (2014)		F	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
41	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>·</u>
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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		<b>√</b>
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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		1
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	/	
		ror	::: 35(	(2014)

	0 (2014)			age 3
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
18	Effet the fulliber reported in box o or roth rood. Effet of it not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	10		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	ĺ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		7
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a	i	1
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	<b>✓</b>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l _:	· ·	١,
	and services provided to the payor?	7a 7b	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
4	If "Yes," indicate the number of Forms 8282 filed during the year	10		╁
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b> </b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	.		
11	Section 501(c)(12) organizations. Enter:		l i	
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1		. S
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<del>├</del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	+	$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	138	1	<del>                                     </del>
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			1.0
C	Enter the amount of reserves on hand	1	-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	The state of the s	14b		
		For	m 990	2014)

Form 99	<u> </u>			sce o
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. 5			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body, or	1		ľ
	if the governing body delegated broad authority to an executive committee or similar			l
	committee, explain in Schedule O.		1	1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	"a		<del>                                     </del>
U	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	<del> </del>	<del> </del>
_	the year by the following:			
а	The governing body?	8a	1	1
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		۲	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ŀ	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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	-	<del>                                     </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del>  •••</del>	<u> </u>	
128	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	İ .	1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>†</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes,"	1	_	$\vdash$
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		7
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		1
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	$\vdash$	1
	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		1	
	with a taxable entity during the year?	16a	1	1
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		ļ.,	
<u> </u>	organization's exempt status with respect to such arrangements?	16b	l	<u>ا</u>
	lon C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for 1024 if applicable).	n F01	(C)/3\	e ook
18	available for public inspection. Indicate how you made these available. Check all that apply.	#1 3U I	(U)(U)	s unity
	Own website Another's website Upon request Other (explain in Schedule O)	<b></b>		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	iterest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	ecords	s: <b>&gt;</b>	
	Nancy Hale, 1316 Parker Place, Brentwood, TN 37027 (for this tax year)			

Dana	- 7

Form 990 (2014)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.	_
(A) Name and Titlo	(B) Average hours per week (list any hours for related organizations below dotted	box of lindividue or direct	ot ch unles er and	s pe d a d	ition more	n both Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	line)	ustee	trustco		66	pensated				organizations	_
(1) Barry Shepherd	10										
Executive Director	0	<b>✓</b>		✓.	<u> </u>			0	0		0
(2) Keith Hall	25	1									
President	0	✓		<b>✓</b>				0	0		0
(3) Mark Garey	5				· · ·						
Vice President	0	1		<b>\</b>			Ĺ	0	0		0
(4) Sandi Chadwick	5										
Secretary	0	✓		✓				0	0.		0
(5) Nancy Hale	10								_		
Treasurer	0	1		<b>√</b>	L				0		0
(6) Alan Rice	5										
Director	0	] ✓				l		0	l o	_	0
(7) Greg Pych	5		Γ								_
Director	0	<b>1</b> ✓	1						0		0
(8) Michael Jones	5		Π		Γ		Γ				_
Director	0	<b>1</b> ✓						1 0	o		0
(9)											_
(10)											_
(11)										<del></del>	_
(12)			$oxed{}$								
(13)			T								—
[14]					Γ						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C}								
	(A)	(B)	(do n	ot ch	Pos eck		than c	one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	en	Reportable compensation	Reportable compensation from			mated unt of	
		hours per week (list any		_	_		or/trust		from	related			her	
		hours for related	Individual Irustee or director	Institutional trustoe	Officer	Koy employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	4		ensatio m the	in
		organizations	夏草	1 m	\$	Į 🧸	est o	重	(W-2/1099-MISC)	(44-51099-MISC)			nization	,
		below dotted	8 =	ᆵ		Ş	900		ľ	1	1		related	
		line)	1 8	20.0		ē	Den:	l			'	organi	ization	i i
			"	8	l		ate		1					
(45)				H	⊢	├	-		<del></del>		┼			
(15)	•••••••••••••••••••••••••••••••••••••••	<b> </b>												
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124)		<del> </del>	ł		1									
(25)			$\vdash$	╫	-	╁	├—	-		<del> </del>	┪──			
(20)		<del></del>	1	1			1							
1b	Sub-total	<u> </u>	J	ь_	Ц_		J	-	<u> </u>	-	+-			
C	Total from continuation sheets to Part										+-			
d								•	0		.—		-	0
2								_			<u>'1</u>			
2	Total number of individuals (including bu reportable compensation from the organ			IUS	3 115	ieu	SOOM	e) W	vuo teceivea tii	ore man \$100,0	<b>UU</b> 01			
	reportable compensation from the organ	IZZELION P ()								-			Yes	No
3	Did the organization list any former of	fficer direc	eter (	or ti	nist	20	kev i	emi	olovee or high	nest compensal	ed F	$\overline{}$	100	
•	employee on line 1a? If "Yes," complete						•			•	١	3		1
4	For any individual listed on line 1a, is the										, h	<u> </u>		<del>  `</del>
•	organization and related organizations											1	1	
	individual	grouter to						~,				4	1	1.
5	Did any person listed on line 1a receive	or accrue c	omne	nsa	tior	ı fro	m an	v Lif	related organi	zation or individ	ual		<b>—</b>	Ť
	for services rendered to the organization											5	· '	1
Saction	on B. Independent Contractors											Ť	Ļ	
1	Complete this table for your five highest		tod in	don	000	lont			torn that receive	ad mare than \$	00.00	00.0		
•	compensation from the organization. Re													ax
	year.	port compe	311340	<b></b>	<b>.</b> .	••••	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	الماد	your onoming wi		J. g.w.		J O .	
								1	(B)			-ics		
	(A) Name and business ad	dress							(B) Description of	services	Car	(C) mpens	sation	
								+	· · · · · · · · · · · · · · · · · · ·	<del></del>				
								+						
*								+			,			
								+-		<del></del>				
								+-			<del></del>	41-14-1-14-1-14-14-14-14-14-14-14-14-14-		
2	Total number of independent contract	ore (includ	ina h	11t ·	not	limi	ted t	<del>ر</del> ا	hase listed at	ove) who				
4	received more than \$100,000 of comper							- (						
	received more man a roo, ood or comper	Jacon Holl		J. 80	n£(	_,,,,,,	, -		0			<u> </u>	_00	0 (2014
												ron	111 DQ	U (2014

Part	VIII	Statement of Revenue			*******	D		
		Check if Schedule O contain	s a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
S, G	C	Fundraising events	1c					
Contributions, Gifts, and Other Similar An	d	Related organizations	1d	0				
imi	е	Government grants (contributions		0				
tior Sr S	f	All other contributions, gifts, grant	(8) (1) March					
ig the		and similar amounts not included above	-	30,346				
nd C	g	Noncash contributions included in lines						
	h	Total. Add lines 1a-1f		▶	30,346			
nue				Business Code				
eve	2a	Student Registration and Fees		71113	347,780	347,780		
e B	b	Performance Fees		71113	13,200	13,200		
Program Service Revenue	C	Equipment Use		71113	1,500	1,500		
	d							
	0	All other program conting rous						
rog	f g	All other program service rever Total. Add lines 2a–2f		b	202 400			
	3	Investment income (including			362,480	T		T
			-	>	0			
	4	Income from investment of tax-e	xempt b	ond proceeds	0			-
	5	Royalties	A COCHINE PROPERTY		0			
	1 222	(i) F		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶	0			
	7a	Gross amount from sales of (i) Sec	urities	(ii) Other				
		assets other than inventory		15,600				
	b	Less: cost or other basis						
		and sales expenses .		15,600				
	С	Gain or (loss)		0				
	d	Net gain or (loss)		>	0			0
Revenue	8a	Gross income from fundraisin events (not including \$	g					
		of contributions reported on line See Part IV, line 18						
Other	b	Less: direct expenses	t					
-		Net income or (loss) from fun-		events . >				
	9a	Gross income from gaming ac	tivities.					
		See Part IV, line 19		16,572				
		Less: direct expenses		3,580				
		Net income or (loss) from gan		tivities ▶	12,992			12,992
	10a	Gross sales of inventory returns and allowances .						
	b	Less: cost of goods sold .		3				
	C						COLUMN TO NEGREE	
	_	Miscellaneous Revenue		Business Code				
	11a	Harrison (2007) 107(107)						
	b							
	c	***************************************						
	d							
	e	Total. Add lines 11a-11d .					englis week	
	12	Total revenue. See instruction			405.818	362,480		12,992

orm 99	·				Page 10
Part	X Statement of Functional Expenses				(4)
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons			(C)	(D)
3b, 9b,	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
Ç	Accounting				
d e	Lobbying				
f	Investment management fees		<u></u>		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	53,941	53,941		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	585	585		
15	Royalties				
16	Occupancy	22.310	22,310		
17	Travel	21,878	21,878		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization .	0.000	0.000		
23	Insurance	9,663	9,663		
24	Other expenses. Itemize expenses not covered			and the second of the first	
	above (List miscellancous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			The second secon	
_	Charter Bucec	110,220	110,220		
a	Charter Buses	44,357			
b	Food Truck rental/Fuel	26,798	<del> </del>		<del></del>
c d	Equipment Repair	15,433			
e	All other expenses	52,555			
25	Total functional expenses. Add lines 1 through 24e		1	1	
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 9407 1.007 2 2 Savings and temporary cash investments . . . . . . 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . 6 Assets 7 8 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 147,253 b 11 11 Investments—publicly traded securities . . . 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related, See Part IV, line 11. 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses . . . . . . 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . 22 75,000 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 66,763 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 66,763 75,000 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 89,897 137,975 33 137,975 33 89,897 34 212,975 34 Total liabilities and net assets/fund balances . 156,660 Form 990 (2014)

<b>Part</b>	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		40	5,818
2	Total expenses (must equal Part IX, column (A), line 25)		35	7,740
3	Revenue less expenses. Subtract line 2 from line 1		4	8,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		8	9,897
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O) 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		13	7,975
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	<b>'</b>		
_		1.1.5		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	<b>'</b>		
	, , , , , , , , , , , , , , , , , , ,		78 F.	
	Separate basis Consolidated basis Both consolidated and separate basis	2b	1	,
b	Were the organization's financial statements audited by an independent accountant?			<del>  *</del> -
	separate basis, consolidated basis, or both:	<b>'</b>		ŀ
				İ
	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 oversigh		1	Ì
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain is		<del>                                     </del>	
	Schedule O.	`  · · ·		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n		
Ja	the Single Audit Act and OMB Circular A-133?	. За		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<del> </del>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		1
		For	m 990	(2014)

Form 990 (2014)

Page 12

#### 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer Identification	number	
Music	City Youth in the Arts, Inc.					26-325	58158	
Par		ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.	
The o	organization is not a private foundat	ion because it is	s: (For lines 1 through	11, chec	k only on	e box.)		
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 17	D(b)(1)(A)(i).		
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	A hospital or a cooperative hos	pital service org	anization described in	section	170(b)(1	)(A)(iii).		
4	A medical research organization hospital's name, city, and state	n operated in co					iii). Enter the	
5	An organization operated for the section 170(b)(1)(A)(iv), (Comp	he benefit of a	college or university	owned or	r operate	d by a government	al unit described in	
6	☐ A federal, state, or local govern		mental unit described	in sectio	n 170(b)	(1)(A)(v).		
	An organization that normally redescribed in section 170(b)(1)(	eceives a subst	tantial part of its supp				the general public	
8	A community trust described in	nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9	- Billian - Marian - Industrial Communication - Anna - Industrial Marian - Industrial Communication - Anna							
10	An organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).		
11		operated exclusions designations  vely for the benefit of, escribed in section 50	to perform 09(a)(1) or	m the fun r section	ctions of, or to carry 509(a)(2). See secti	ion 509(a)(3). Check		
а	☐ Type I. A supporting organization the supported organization(s) organization. You must com	the power to re	egularly appoint or ele					
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	T T 111 6 41 11 . i . 4	ted. A supportin	ng organization operat				y integrated with,	
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ted. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organize functionally integrated, or Typ						I, Type III	
f	Enter the number of supported o	rganizations .					[	
g			orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	rganization ar governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			1,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Total

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the tes	its listed belo	w, please co	mplete Part i	l.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
_	received. (Do not include any "unusual grants.")	32,343	3,254	16,678	5,989	30,34	6 88,610
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		İ	-			
	furnished in any activity that is related to the		i				
	organization's tax-exempt purpose	218,979	251,425	264,283	329,343	362,48	0 1,426,510
3	Gross receipts from activities that are not an						}
	unrelated trade or business under section 513					16,57	2 16,572
4	Tax revenues levied for the	į					
	organization's benefit and either paid						
_	to or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	- · · · · · · · · · · · · · · · · · · ·						
6 7a	Total. Add lines 1 through 5	251,322	254,679	280,961	335,332	409.39	8 1,531,692
/ a	received from disqualified persons .						
D	Amounts included on lines 2 and 3 received from other than disqualified		İ				
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						<del>- </del>
8	Public support (Subtract line 7c from						<del>                                     </del>
	line 6.)	·					1,531,692
Secti	on B. Total Support	<del></del>	· · · · ·				
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	251,322	254,679	280,961	335,332	409,39	<del></del>
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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			i			
	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.)			i			
13	Total support. (Add lines 9, 10c, 11,						<del></del>
10	and 12.)	254 222	254.670	200.001	225 222	400.00	
14	First five years. If the Form 990 is for the	251,322	254,679	280,961	335,332		
•	organization, check this box and stop he		· · · · · ·				1011 30 1(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>		• • • •	• • • • •
15	Public support percentage for 2014 (line 8			3 column (fi)	<del></del>	15	100 %
16	Public support percentage from 2013 Sch	• • •	-			16	100 %
	on D. Computation of Investment In			<del></del>	<u></u>	1 10 1	100 78
17	Investment income percentage for 2014 (			v line 13. colur	nn (fi)	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 3312%, check this box	-	_	-		-	
b	331/3% support tests-2013. If the organiz	ration did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than	n 331/3%, and
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported org	anization 🕨 🗀
20	Private foundation If the organization di	d not chack a	hoy on line 14	10a or 10h r	hock this how	and see inst	ructions 🕨 🗆

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 26-3258158 Music City Youth in the Arts. Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ đ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

	e D (Form 990) 2014					Page 2	
Part							
3	Using the organization's acquisition, collection items (check all that apply):		ther records, che	ck any of the follo	wing that are a sig	inificant use of its	
а	Public exhibition		d 🗌 Loan	or exchange prog	rams		
	—						
	Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
4	XIII,	tion's collections	and explain how t	they further the or	ganization's exemp	ot purpose in Part	
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maint	donations of art, ained as part of th	historical treasure e organization's co	s, or other similar	☐ Yes ☐ No	
Part	IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.				•		
1a	Is the organization an agent, trustee						
	included on Form 990, Part X?					☐ Yes ☐ No	
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the following t	able:			
					Arr	ount	
C			• • • • •	· · · · <u> </u>			
đ	Additions during the year				<del></del>		
e	Distributions during the year				<del></del>		
f	Ending balance						
	Did the organization include an amount in Did the organization in Did the Organization in Did the Organizati						
	If "Yes," explain the arrangement in P  Endowment Funds.	art Alli. Check ne	re ir une explanatio	n nas been provid	eo in Part XIII .	<u> </u>	
ı uı	Complete if the organization	answered "Yes	s" to Form 990 F	Part IV line 10			
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and						
	losses		•				
d	Grants or scholarships			Î			
e	Other expenditures for facilities and						
	programs					Í	
f	Administrative expenses						
g	End of year balance		<u> </u>			Ĺ <u></u>	
2	Provide the estimated percentage of		nd balance (line 1	g, column (a)) held	as:		
а	Board designated or quasi-endowme	***********	%				
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶						
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the	2c should equal 1	00%.		danimina nunud dan aba		
Sa	organization by:	e possession or i	ne organization th	iat are neid and ac	iministered for the		
	- ·					Yes No	
	(i) unrelated organizations (ii) related organizations					3a(i)	
b	in the second of					3a(ii)	
4	Describe in Part XIII the intended use:				• • • • •	3b	
Pari							

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (other)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

(d) Book value

(d) Book value

(e) Equipment (other)

(f) Equipment (other)

(h) Cost or other basis (other)

(other)

(other)

(h) Cost or other basis (other)

(other)

(other)

(l) Equipment (l) Equipme

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 26-325815 Music City Youth in the Arts, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d n-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes V No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

_	edule G art 11	Fundraising Events. Corr than \$15,000 of fundraisin				
		gross receipts greater that		o arra groot moonito or i		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anc.						
Revenue	1	Gross receipts				
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
	<u> </u>	line 2)				
	4	Cash prizes				
		·				
	5	Noncash prizes				
S	6	Rent/facility costs				
ens	ľ	Tronviacinty costs				
Direct Expenses	7	Food and beverages				
	_					
حَّ	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra		column (d)		· · · · · · · · · · · · · · · · · · ·
Pa	rt III	Gaming. Complete if the	organization answ	ered "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form 99	90-EZ, line 6a.	1		
Ę	1		(e) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))
Revenue						
Ě	1	Gross revenue			16,572	16,572
ses	2	Cash prizes			3,000	3,000
Direct Expenses	3	Noncash prizes				
ij	1	·				
ē	4	Rent/facility costs				
_	5	Other direct expenses .				
	-	Other direct expenses .	☐ Yes	%	580 7 Yes 100 %	580
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in	column (d)		2 500
	•	and or orportor barring yerra				3,580
	8	Net gaming income summar	y. Subtract line 7 fron	n line 1, column (d)		12,992
		*		and a satisfat		
ŧ		Enter the state(s) in which the or s the organization licensed to co				🗹 Yes 🗌 No
		f "No " ovoloio:		ies in each of these state		
		***************************************		*******************************		
		**************************************				
10		Nere any of the organization's g f "Yes," explain:	_	•		
	"					
					•••••	

Yes No. No. No. No. No. No. No. No. No. No.
% 100 %
100 %
100 %
Yes 🗹 No
***********
***********
Yes □ No
_
_
Yes □ No

#### SCHEDULE L (Form 990 or 990-EZ)

#### Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(9) (10) 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization Employer identification number Music City Youth in the Arts, Inc. 26-3258158 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4) (5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (b) Relationship (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original (f) Balance due from the by board or with organization loan principal amount organization? committee? Yes From No No Yes No To Yes 1 (1) Mark Garey Vice President Operating Exp 25,000 25,000 1 (2) The Band Hall (wholly President Operating Exp 75,000 50,000 (3) owned by Keith Hall) (4)(5)(6)(7)(8)(9)(10)Total 75,000 Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance (b) Relationship between interested (a) Name of interested person (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7)(8)

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Music City Youth in the Arts, Inc.	26-3258158						
Form 990 Pt IX, Line 11(g) Fees for Services - Other \$53, 941 includes Instructors \$33,441; Truck drive	ers \$4500; Show designers \$16,000						
Form 990, Pt IX, Line 24(e) All other expenses \$ 52,555 includes show tickets \$12,872; awards, shirts, and promotional items for members							
\$13,882; supplies \$8,136; Uniforms \$16,053; licenses and permits \$1,440; Bank fees \$172							
Pt. VI, Line 11(b) - There was no review of this return by the organization.							
Pt. VI,Line 19 - Governing documents were available fo the public for review upon request. No one requested to review the documents.							
*							