FINANCIAL STATEMENTS

OCTOBER 31, 2018

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FINANCIAL SECTION

JOHN R. POOLE, CPA CERTIFIED PUBLIC ACCOUNTANT

134 NORTHLAKE DRIVE HENDERSONVILLE, TN 37075 (615) 822-4177

Independent Auditor's Report

To the Board of Directors of the Music City Youth in the Arts, Inc. Nashville, Tennessee

I was engaged to audit the accompanying financial statements of the Music City Youth in the Arts, Inc. (a nonprofit organization) which comprise the statement of financial position as of October 31, 2018, and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

John RPoole, CPA

Due to employee turnover in accounting related positions and lack of accounting records, I was not able to determine whether any adjustments were necessary relating to the existence and carrying amounts in the financial statements. These amounts are material to the Music City Youth in the Arts, Inc.'s financial statements.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

January 20, 2019

FINANCIAL STATEMENTS

Statement of Financial Position

October 31, 2018

<u>Assets</u>

Current assets:		
Cash	\$	92,118
Accounts receivable		5,361
	12	
Total current assets	_	97,479
Property and equipment at cost:		
Equipment		189,434
Less: accumulated depreciation		(131,427)
Net property and equipment	9	58,007
Net property and equipment	1,000	30,007
Total assets	\$ =	155,486
Liabilities and Net Assets		
Current liabilities:	ф	700
Accounts payable	\$	789
Current portion of note from related party	-	5,000
Total current liabilities	=	5,789
Long-term liabilities:		
Non-current portion of note from related party		10,000
m - 111 1111		15 790
Total liabilities:	3	15,789
Net Assets:		
Unrestricted		139,697
Total net assets	=	139,697
	·-	
Total liabilities and net assets	\$	155,486
1 otal flatifities and not assets	Ψ =	100,100

Statement of Activities

For the year ended October 31, 2018

		Unrestricted
Support and Revenue		
Membership dues	\$	426,402
Performance fees		39,641
Registration and audition fees		76,696
Contributions		50,210
Fundraisers, less expenses of \$45,914		31,796
Souvenir sales, less expenses of \$49,759		24,524
In-kind donations- office space		12,000
Total public support		661,269
Other Revenue		0.520
Sale of equipment	-	8,539
Total other revenue	2	8,539
Total Support and Revenue	-	669,808
Expenses:		
Program services		566,174
Management and general		6,892
Total expenses	_	573,066
Increase (decrease) in net assets	_	96,742
Beginning of year net assets		42,955
End of year net assets	\$ =	139,697

Statement of Functional Expenses

For the year ended October 31, 2018

	ľ	Management	
	Program	and	
	Services	General	Total
			
Salaries and wages	46,142		46,142
Payroll taxes	4,995	¥	4,995
Bus and truck expense	192,362	-	192,362
Housing	12,740	-	12,740
Uniforms	38,944	140	38,944
Food	50,722		50,722
Show expense	17,851	''	17,851
Supplies	5,244	2,995	8,239
Contract services	73,034	600	73,634
Fees	2,743	213	2,956
Insurance	13,804	!!!	13,804
Office expense	3,479	*	3,479
Vehicle and travel expenses	47,789	2,860	50,649
Repair and maintenance	6,949	.7 6	6,949
Depreciation	21,940	= 3	21,940
Small equipment purchases	14,151	7.	14,151
In-kind expenses - occupancy	12,000	<u>=</u>	12,000
Miscellaneous	1,285	224	1,509
Total expenses	566,174	6,892	573,066

Statement of Cash Flows

For the year ended October 31, 2018

Cash flows from operating activities: Contributions received Service revenue Other income Cash paid for: Salaries and related expenses Program and support services Net cash provided by operating activities	\$:-	33,119 784,870 12,939 (51,137) (666,227) 113,564
Cash flows used by investing activities Repayment of note - equipment notes Repayment of note- related party Purchase of property and equipment Net cash flows used by investing activities	:= (=	(51,615) (5,000) 0 (56,615)
Net increase in cash and cash equivalents	_	56,949
Cash and cash equivalents at beginning of year		35,169
Cash and cash equivalents at end of year	\$ =	92,118
Reconciliation of Decrease in Net Assets to Net Cash Provided by Operating Activities		
Increase (decrease) in net assets	\$	96,742
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation Changes in assets (increase) decrease:		21,940
Accounts receivable		(5,361)
Changes in liabilities increase (decrease): Accounts payable		243
Net cash provided by operating activities	\$ =	113,564

NOTES TO THE FINANCIAL STATEMENTS

Notes to the Financial Statements

October 31, 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Music City Youth in the Arts, Inc. is a non-profit organization in Nashville, Tennessee. The Organization's mission is to provide youth with positive life-enriching experiences through music education and performance opportunities. It is the goal of this organization to become a more visible musical ambassador for the community and to continue to improve the opportunities afforded the talented participants who will be our educators and leaders of tomorrow.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles and recommendations of the American Institute of Certified Public Accountants in its industry audit and accounting guide, Not-for-Profit Organizations.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Standards (SAS) No. 117, Financial Statements of Not-for-Profit Organizations. Under SAS No. 117, the Organization is required to report information regarding its financial position and activities according to the three classes of net assets. In addition, the Organization is required to present a statement of cash flows. As permitted by the statement, the Organization has discontinued its use of fund accounting.

Contributions

In accordance with SAS 116, Accounting for Contributions Received and Contributions Made, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

Promises to Give

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Notes to the Financial Statements

October 31, 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Donated Services

Music City Youth in the Arts, Inc. receives many hours of donated time from various volunteers. It is impractical to estimate a value for these services, as such no such value has been placed on these services in the Organizations financial statements.

Music City Youth in the Arts, Inc. receives donated office and rehearsal space. Music City Youth in the Arts, Inc. has recorded \$1,000 a month in in-kind revenues and in-kind occupancy expenses.

Donor -Imposed Restrictions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted for future periods or donor-restricted for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a donor- stipulated time restriction is accomplished, then the restricted net assets are reclassified to unrestricted net assets. If a restriction is fulfilled in the same time period in which the contribution is received, the contribution is reported as unrestricted.

Equipment and Depreciation

Music City Youth in the Arts, Inc. purchases musical instruments and related equipment. Depreciation is provided for over the estimated useful lives of the assets. Assets are depreciated using the straight-line method of depreciation.

Promises to Give/Pledges

Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. Conditional promises to give are not included as support until such time as the conditions are substantially met.

Functional Allocation of Expenses

The costs of providing the Organizations program and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs may have been allocated among the programs and supporting services benefited.

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code.

Notes to the Financial Statements

October 31, 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Deferred Revenue

Deferred revenue is recorded when a potential revenue does not meet the criteria for recognition in the current period. In subsequent periods, when both of these criteria are met, revenue is recognized.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. PROPERTY and EQUIPMENT

A summary of property and equipment activity is noted below:

	Balance			Balance
	11/1/17	<u>Addition</u>	Retirement	10/31/18
Furniture and equipment	189,434			189,434
Total	189,434			189,434
Less: Accumulated depreciation	(109,487)			(131,427)
Net assets	\$ <u>79,947</u>			58,007

Depreciation expense for the year ended October 31, 2018 was \$ 21,940.

Notes to the Financial Statements

October 31, 2018

3. NOTE PAYABLE – RELATED PARTY

A member of the Board has advanced Music City Youth in the Arts, Inc. funds to assist with liquidity. The total advance was \$25,000, payable in five annual installments of \$5,000. During the year, a repayment of \$5,000 was made. The note is a non-interest bearing note.

4. NOTE PAYABLE – MUSICAL INSTRUMENTS

Music City Youth in the Arts, Inc. has borrowed funds for certain musical instruments.

In 2015, there were borrowings of \$58,965 with three annual payments of \$19,655, the last payment of \$19,655 was made during the year.

In 2016, there were borrowings of \$30,835 with three annual payments of \$10,278, the last payment of \$10,278 was made during the year.

In 2017, there were borrowings of \$19,900 with three annual payments of \$6,633, the remaining balance was paid during the year.

5. SUBSEQUENT EVENTS

Thru January 20, 2019 (the date of this report), there are no material subsequent events that should be reported.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning Nov	ember 1 ,201	7, and endi	ng Octobe	r 31	, 20 18
В	Check if	applicable: C Name of organization MUSIC CITY YO	JTH IN THE ART	rs, INC.	D	Employ	er identification number
	Address	change Doing business as			2	6-32	58158
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite						ne number
	Initial reti				6	15-46	67-4090
	Final retur	10 10	31 1030				
$\overline{\Box}$	Amended	1			G	Gross re	ecelpts \$ 765,481
$\overline{\Box}$		n pending F Name and address of principal officer: Tracy	Podo 1727 F	lm Uill			subordinates? Yes No
	· ippnout	Pike, Nashville, TN. 37210		TW 11777			s included? Yes No
-	Tay-ayan	F-4	insert no.) 4947(a)(1) c	or 527			list. (see instructions)
1		www.musiccitydrumcorps.org	insert no.) (4947(a)(1) C	01 1021			
K		ganization: X Corporation Trust Association Oth	ar N 11	Year of forma	H(c) Group ex		
	ara I	Summary	31 /	real of forma	11011. 2000	W State	of legal domicile: TN
80.10	-		of cignificant activiti	eet mi	1 1	1	
ø		Briefly describe the organization's mission or mo					
Activities & Governance	1	City Youth in the Arts, Inc., is	to provide you	uth Witi	n positive		e-enriching
, L		experiences through music educati					*************************
o Ve		Check this box > _ if the organization discontinu				12	
(D		Number of voting members of the governing bod				3	13
SS		Number of independent voting members of the g				4	12
/iti		otal number of individuals employed in calendar				5	1
cţį		otal number of volunteers (estimate if necessary				6	50
⋖		otal unrelated business revenue from Part VIII, o				7a	
	b	let unrelated business taxable income from Forr	n 990-T, line 34	9 90 C X		7b	0
Revenue					Prior Year		Current Year
		Contributions and grants (Part VIII, line 1h)				, 362	62,210
		rogram service revenue (Part VIII, line 2g) .			462	,772	551,278
		nvestment income (Part VIII, column (A), lines 3,					0
_		other revenue (Part VIII, column (A), lines 5, 6d, 8				, 637	56,320
20.00		otal revenue—add lines 8 through 11 (must equal		, Ilne 12)	507	,771	669,808
		Frants and similar amounts paid (Part IX, column					ņ
		enefits paid to or for members (Part IX, column					0
es		alaries, other compensation, employee benefits (P			10	,672	51,137
Expenses		rofessional fundraising fees (Part IX, column (A),		[0
xbe	b 7	otal fundraising expenses (Part IX, column (D), li	ne 25) 🕨			25143	
ш		ther expenses (Part IX, column (A), lines 11a–11			489	,598	521,929
		otal expenses. Add lines 13–17 (must equal Parl			500	,270	573,066
	19 F	evenue less expenses. Subtract line 18 from line	12		7,	,501	96,742
Net Assets or Fund Balances				E	Beginning of Curre	nt Year	End of Year
sets alan	20 7	otal assets (Part X, line 16)			224	,603	155,486
t As	21 7	otal liabilities (Part X, line 26)		[20,	, 257	15,789
		et assets or fund balances. Subtract line 21 fron	ı line 20		204,	, 346	139,697
P	rt III	Signature Block					
Und	fer penalti	s of perjury, I declare that I have examined this return, including	ng accompanying schedu	les and stater	ments, and to the b	est of m	y knowledge and belief, it is
true	c, correct,	nd complete. Declaration of preparer (other than officer) is ba	sed on all information of w	hich preparer	has any knowledg	je.	
							X
Sig	n	Signature of officer			Date		
Hei	e						
		Type or print name and title					
Pai	d	Print/Type preparer's name Preparer's s	gnature D A	Da	te ,	Check ∑	7) if PTIN
	parer	John Poole	Ili R Puble,	CPV+ 12.			S) II loyed PO1466592
	Parer Only	Firm's name ▶ John R. Poole, CPA			Firm's E		
USI	Citiy	Firm's address ▶ 134 Northlake Drive					5.822.4177
Мау	the IRS	discuss this return with the preparer shown abo	ve? (see instructions	s) ,		3 30	TT 14
		k Reduction Act Notice, see the separate instructi					Form 990 (2017)

1	Check if Schedule O contains a response or note to any line in this Part III
	The mission and purpose of Music City Youth in the Arts, Inc. is to provide youth with
	modified life and this control is a second to the second t
	opportunities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: \(\text{\text{Fynonoon}}\text{\$\exitinc{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\texitinct{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex
44	(Code:) (Expenses \$ 566,174 including grants of \$) (Revenue \$ 542,739) The organization fielded a competitive drum and bugle corps for the summer, with
	members (ages 14-22). The corps competed in Drum Corps International competitions
	across the country as well as hosting several free education clinics for other youth.
	TATANCE TO THE PROPERTY OF THE
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	\$

	2
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	#=====================================
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 566,174

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		77	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	37
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
0		8		X
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		- X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Б	Schedule D, Parts XI and XII	12a	X	_
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	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	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	^	-
-	If "Yes," complete Schedule G, Part III	19	X	

*************				rayer
Part	Checklist of Required Schedules (continued)		Yes	l No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	No
b Log		20a		_ A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	205		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
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			
240	employees? If "Yes," complete Schedule J	23	X	
24a	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Δ.
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 12		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	_X_
30	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	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2017)

Form 9	90 (2017)			Page
PAT				
	Check if Schedule O contains a response or note to any line in this Part V			
		Facilities	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	110.2000		12018
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			600
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	(II Sale)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	A	EUX
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	10317		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Х	See Street
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		pals.	(Gallac
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►	智慧		
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ا		
-	gifts were not tax deductible?	6b	nestine.	THE LOCAL
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		18	
Q	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Λ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 33/4	03.74	AV.
е_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	465		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1222	3, 3	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	44/44/	1000	AAR
а	Initiation fees and capital contributions included on Part VIII, line 12	1286	Hatta.	
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:	(3)		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	n et		
	against amounts due or received from them.)			1000E
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		70.00
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Buy!	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	45.5	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000	75 100
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	2/7/2	7	
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Speci		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Gar			for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
	eran i en la en		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12	300		
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	Hej	X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	per la constitución de la consti
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5	22	_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	arene.		10.0
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Χ	
14 15	Did the organization have a written document retention and destruction policy?	14	X	18 ME
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		3	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
h	with a taxable entity during the year?	16a	dubbs	X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4Ch		
Sacti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	erest	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record Tracy Rode, 615-467-4090, 1727 Elm Hill Pike, Nashville, TN. 37210	cords:	>	

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-orm	990	(2017)	

Page 7

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

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

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

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

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

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 related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation from hours per compensation officer and a director/trustee) amount of week (list any from related other Individual to or director Highest co employee Key employee Institutional trustee hours for the organizations compensation (W-2/1099-MISC) related organization from the (W-2/1099-MISC) organization organizations compensated below dotted and related trustee organizations line) (1) Tracy Rode, President X X 0 Λ 0 (2) Mark Garey, Vice President 10 (3) Sandi Chadwick, Secretary 10 Χ Χ 0 0 0 (4) Barry Shepherd, Treasurer 10 Χ 0 X 0 0 (5) Chris Carroll, Board Member 5 0 0 Χ 0 5 (6) Mike Chiodo, Board Member 0 0 Χ 0 5 (7) Brad Love, Board Member 0 0 0 Χ (8) Ann Miller, Board Member Χ 0 0 0 (9) Sam Mitchell, Board Member X 0 Χ 0 0 (10) Alan Rice, Board Member 5 Χ 0 0 0 (11) Joshua Rogers, Board Member 5 0 0 Χ 0 5 (12) Shelba Waldron, Board Member 0 0 Χ (13) Mike Webb, Board Member 5 X 0 0 0

	(A) Name and title	(B) Average hours per week (list any				h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	***************************************	************					u.				
(16)											
(17)	***************************************										
(18)	***************************************										
(19)											
(20)											
(21)											
(22)	*********************************	-#0%=#==##									
(23)				-							
(24)			14								
(25)											
1b	Sub-total			_			*	•	0-	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			ě			•	A A	0	0	0
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$100,00	0 0 of 0
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							-	loyee, or high	· ·	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	
-	n B. Independent Contractors				_	_		_			
1	Complete this table for your five highest of compensation from the organization. Replyear.										
	(A) Name and business addr	ess							(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compensa							the	ose listed abo	ve) who	

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Par	(VIII	Statement of Revenue Check if Schedule O contains a r	espanse or note to	o any line in this	Part VIII		
1 120		Official in Confederate Confederation and	esponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1a	Federated campaigns 1	a		100-34-007-008	E 2 Y SY 2 12 12	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	b				
s, G Am	С	Fundraising events 1	С				
Gift lar	d	Related organizations 1	d				
ıs, imi	e	Government grants (contributions) 1	e				
tior er S	f	All other contributions, gifts, grants,					
ibu)the			f 62,210				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f		62,210	AND THE PERSON		
Jue			Business Code				HIGH COLUMN TO A STATE OF
evel	2a	Student fees	7111130	426,402	426,402		
മ്	b	Performance fees	7111130	39,641	39,641		
Program Service Revenue	С	Registration fees	7111130	76,696	76,696		
Sel	d	Asset sales	7111130	8,539	8,539		
ű	е				31		
ē.	f	All other program service revenue					
Δ.	g	Total. Add lines 2a–2f		551,278			
	3	Investment income (including divand other similar amounts)					
			🏲				
	4	Income from investment of tax-exempt					
	5	Royalties	(ii) Personal	THE RESERVE OF THE PARTY OF THE			District Control of the Control
	r		(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					Complete the
	C	Rental income or (loss) Net rental income or (loss)	0 0	A STATE OF THE PARTY OF THE PAR	V. 4.	Township and Atlanta	Sharing the state of the state
	d 7a	Gross amount from sales of (i) Securities	(ii) Other	0			
	<i>i</i> a	assets other than inventory	(ii) Other				
	b	less: cost or other basis					
	1,7	and sales expenses .		CONTRACTOR CONTRACTOR CONTRACTOR			
	С	Gain or (loss)	0 0				
	d	Net gain or (loss)	0	0			
	u	river gain or (ioss)					
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
<u>r</u>		O D IV II 40	a 48,037				
Other Revenue	b	Less: direct expenses	b 40,248		C. Están Fig.		
١	C	Net income or (loss) from fundraisin		7,789			7,789
- 1	9a	Gross income from gaming activities		de la contraction de	United Street		
		See Part IV, line 19	a 29,673				
	b	Less: direct expenses	b 5,666				
	С	Net income or (loss) from gaming ad		24,007	24,007		
	10a	Gross sales of inventory, less		and the state of t			
		returns and allowances	a 74,283				
	b	Less: cost of goods sold	b 49,759				
	С	Net income or (loss) from sales of in		24,524	24,524		
		Miscellaneous Revenue	Business Code			PHYLARIEU,	
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0	ATMATER TO BE	CONTRACTOR	
- 1	40	Tatal savagers Cas instructions	le.	660 000	FOO 000		7 700

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Section 501(c)(3) and	501(c)(4) organizations must	complete all columns.	All other organizations must	complete column (A).
--	-----------------------	------------------------------	-----------------------	------------------------------	----------------------

	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
	and domestic governments. See Part IV, line 21			general expenses	expenses
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	Y.			
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	46,142	46,142		
9 10 11	Other employee benefits	4,995	4,995		
a b c	Management			10	
d e f	Lobbying	100		almost supplied to	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	3,479	3,479		****
14	Office expenses	3,473	3,413		
15	Royalties				
16	Occupancy	18,949	18,949		
17	Travel	50,649	47,789	2,860	~
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,043	477703	27000	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	21,940	21,940		
23	Insurance	13,804	13,804	med demonstrate and an arrange	The transfer of the same
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Activities expense	273,675	273,675		
b	Supplies	61,334	58,339	2,995	
C	Contract services	73,634	73,034	600	
d	Fees	2,956	2,743	213	
e	All other expenses Other	1,509	1,285	224	
25	Total functional expenses. Add lines 1 through 24e	573,066	566,174	6,892	
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)				Form 990 (2017)

Fart X Balance Sheet

Antu-		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing	35,169	1	92,118
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,361
	5	Loans and other receivables from current and former officers, director	THE RESERVE OF THE PROPERTY OF		
		trustees, key employees, and highest compensated employee	es.	25900	
		Complete Part II of Schedule L		5	
	6	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 are		100	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L		STEM	
Assets				7	
SS	7	Notes and loans receivable, net			
4	8 9	Inventories for sale or use		8	
	10a	Prepaid expenses and deferred charges	NUMBER OF THE PERSONS ASSESSED.	3	DOE BUT TO THE STATE
	100	other basis. Complete Part VI of Schedule D 10a 189, 4	34	NAME:	
	b	Less: accumulated depreciation 10b 131, 4		10c	58,007
	11	Investments—publicly traded securities	21 103/131	11	507,007
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	224,603	16	155,486
	17	Accounts payable and accrued expenses	257	17	789
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, director		239	
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Carlotte Committee Committ	22	15.000
ia	22	Secured mortgages and notes payable to unrelated third parties	20,000	23	15,000
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir	rd	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,257	26	15,789
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 a	and programmed the same		
Ses		complete lines 27 through 29, and lines 33 and 34.			
na L	27	Unrestricted net assets	204,346	27	139,697
Bal	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ at	nd		
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds.	204,346	32	139,697
ž	33 34	Total net assets or fund balances	224,603		155,486
	34	i otal liabilities and fiet assets/fully balances	224,003	J4	100,400

Page	1	2
rade		6

					•
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				-
1	Total revenue (must equal Part VIII, column (A), line 12)	1		669,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			066
3	Revenue less expenses. Subtract line 2 from line 1	3			742
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		204,	346
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	(161,	391)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		139,	697
	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Hite	1154	116
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O.		C10 to	The William	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	NO.	130	122
	reviewed on a separate basis, consolidated basis, or both:		1153		865
	Separate basis Consolidated basis Both consolidated and separate basis		Heget.	THURST !	
b			2b	Trickers X	_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	STEE		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	orgiabt	11-5/0	20405	PAY-III
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		20		F- 195
	Schedule O.	piaiii iii			
	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	Market	(1212)	HIZM
3a	the Single Audit Act and OMB Circular A-133?	101111 111	3a		
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	Ja		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	Toguliou dadit of addito, explain with in contodulo o and accombs any stope taken to and ago dadit a			990	(2017)
			7 011		(2011)

SCHEDULE A (Form 990 or 990-EZ)

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.

in and for a continuous and the letter information

OMB No. 1545-0047

2017

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Name and Advantage	IC CITY YOUTH IN THE A					26-3258158	
Pa							ons.
The	organization is not a private found		,			•	
1	A church, convention of chur						
2	A school described in section					* *	
3	☐ A hospital or a cooperative hear A medical research organizat						(iii) Enter the
4	hospital's name, city, and sta		onjunction with a nos	pitai uest	inned in s	section 170(b)(1)(A)	(iii). Litter the
5	☐ An organization operated for	************	college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Con		oonogo or anivorony	0111100	, operati	, a government	
6	☐ A federal, state, or local gove	rnment or govern	nmental unit described	in secti	on 170(b))(1)(A)(v).	
7	An organization that normally	receives a subs	stantial part of its sup	port fron	ı a gover	nmental unit or fron	n the general public
	described in section 170(b)(1	I)(A)(vi). (Comple	te Part II.)				
8	A community trust described	•		-			
9	☐ An agricultural research orga	nization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-gr university:	ant college of agi	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10		roceluse: (1) moi	to then 221,0% of ite o	upport fr	on contri	hutions mombarshi	n fees, and gross
10	An organization that normally receipts from activities related support from gross investment	d to its exempt fu	inctions—subject to c	ertain ex	ceptions,	and (2) no more tha	n 331/3% of its
	support from gross investmen acquired by the organization	nt income and un	related business taxa	ble incon	ne (less se	ection 511 tax) from	businesses
11	☐ An organization organized an		-		-	-	
12	☐ An organization organized and						rry out the purposes
• -	of one or more publicly supp						
	Check the box in lines 12a thr	ough 12d that de	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.
а	☐ Type I. A supporting orga	nization operated	l, supervised, or contr	rolled by	its suppo	rted organization(s),	typically by giving
	the supported organizatio					he directors or trust	ees of the
	supporting organization.	•					
b	☐ Type II. A supporting orga						
	control or management of organization(s). You must				persons	that control or man	age the supported
	Type III functionally integ	•	•		onnection	n with, and function:	ally integrated with
С	its supported organization						any integrated with,
d	☐ Type III non-functionally						orted organization(s)
**	that is not functionally inte						
	requirement (see instruction	ons). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	☐ Check this box if the orga	nization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or	• •	tionally integrated sup	pporting	organizat	ion.	1
f	Enter the number of supported					. 3/16 8 8 8 8	96 F
g	Provide the following information						6.33.4
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
(2)							
(A)							
(B)							
(0)							
(C)							
(D)	-						
(E)							
\-/ 							

PAT	Support Schedule for Organiz						
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						75
4	Total. Add lines 1 through 3						
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	gama (Silve)		STEPS OF STATE	The cline can		
	on B. Total Support		1				I In T. I
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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	(aga instructi			E Trouvellie	12	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the			d third fourth	or fifth tay v		on 501(c)(3)
13	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2017 (line	×		1. column (f))		14	%
15	Public support percentage from 2016 Sci					15	%
16a	331/3% support test—2017. If the organ box and stop here. The organization qua	ization did not lifies as a publ	check the box licly supported	c on line 13, ar organization	nd line 14 is 33		🕨 🗀
b	$33^{1/3}\%$ support test—2016. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		▶ □
17a	10% -facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ 	-and-circumstaumstaumstances" te	ances" test, chest. The organi	neck this box a zation qualified	and stop here s as a publicly · · ·	Explain in supported
b	10% -facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization r supported organization	ation meets the fac	e "facts-and-c ts-and-circums 	circumstances stances" test. 	' test, check The organizati	this box and on qualifies as	stop here. s a publicly ▶ □
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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.)

Sect	ion A. Public Support				·	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,989	30,346	30,015	20,362	62,210	148,922
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	329,343	362,480	443,329	462,772		2,196,983
3	Gross receipts from activities that are not an unrelated trade or business under section 513		16,572	10,620	24,637	8,539	60,368
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	335,332	409,398	483,964	507,771	669,808	2,406,273
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						
8	Add lines 7a and 7b						2,406,273
	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	335,332	409,398	483,964	507,771	669,808	2,406,273
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			1			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						2,406,273
14	First five years. If the Form 990 is for the organization, check this box and stop her				or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	3, column (f) div	rided by line 13	3, column (f))		15	100.00%
16	Public support percentage from 2016 Sch		•			16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I					17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/3% support tests—2017. If the organi 17 is not more than 331/3%, check this box	and stop here.	The organizatio	n qualifies as a	publicly suppo	rted organizati	on . ► 🛚
b	33^{1} /3% support tests—2016. If the organiz line 18 is not more than 33^{1} /3%, check this b	oox and <mark>stop h</mark> e	re. The organiz	zation qualifies	as a publicly su	ipported organ	ization 🕨 🔲
20	Private foundation If the organization dis	d not chack a h	ov on line 14	10a or 10h cl	hack this hav a	and see instru	ctions -

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		16.4
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	SHR	Dak
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	ille)	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		(G S)
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined 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.	9b	288	
С	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.	9c	GEN	THE STATE OF
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	個月	Empl

	le A (Form 990 or 990-EZ) 2017			age J		
GATH	Supporting Organizations (continued)					
		E Princes	Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?	3) Ult				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.	STREET,	0.05008		
	below, the governing body of a supported organization?	11a				
þ	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
Secti	on B. Type I Supporting Organizations		Yes	No		
	District the second and the second and the second are second are second as the second are second are second as the second are second are second as the second are second ar	1531	162	140		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,	181		M.S.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		2000			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported	195718	/ // 3	AT LOCAL		
	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,		105			
	supervised, or controlled the supporting organization.	2	-			
Secti	on C. Type II Supporting Organizations					
0001	on or type it experiency angularity		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1878				
	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	1000				
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	H St	4 22	W.		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	机等				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	LEGIC				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3000				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		BADCH		
3	By reason of the relationship described in (2), did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			To Sale		
	supported organizations played in this regard.	3	HVIDE	of the last		
2 11		3				
Secti	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.					
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No		
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	: 46 ₀ E	(918)	HAR		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		3			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	HV35	PART.			
	how the organization was responsive to those supported organizations, and how the organization determined	4				
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	81861	unio.	5419		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	18WE				
	reasons for the organization's position that its supported organization(s) would have engaged in these	Head	5	T. Bar		
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.	HA	1812			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Tilly.	HILAN.	2016		
	trustees of each of the supported organizations? Provide details in Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	321	11/188	KERTS		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ļ			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			tions A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		o 6
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		20
4 Enter greater of line 2 or line 3.	4	West of the later	=2,
5 Income tax imposed in prior year	5		E.F.
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III support	ing organization (see

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exc			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	*
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	Marine was safety as		BOTH WARREN TO BE STONE
а		enturia in a seu mais		
b	From 2013			poeto si comprendi de
C	Cram 2014			
d	F 0045			
e	E 0010			
f	Total of lines 3a through e	A PERSON AND AND AND AND AND AND AND AND AND AN		THE WORLD WINDOW THE REAL PROPERTY.
11 30.	Applied to underdistributions of prior years	a to this way a to the first		
g h	Applied to 2017 distributable amount			AND DOMESTICATION
- i	Carryover from 2012 not applied (see instructions)			Water and the second
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
j 4	Distributions for 2017 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount Remainder. Subtract lines 4a and 4b from 4.	AND SECTION OF THE OWNER, THE		A STEEL OF THE STATE OF THE STA
C		Hall College House State (1959)	MA SILVERY RESERVE	
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2013	STORE AND DESCRIPTION		
b	Excess from 2014			
С	Excess from 2015	ealfoli bergergerfficker		Description (ASS)
d	Excess from 2016			
е	Excess from 2017	RETURN CERTIFICATION		是现在是 自己

Dogo	5
Page	C

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.)

-STATEMASKA BROKET	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MUSI	C CITY YOUTH IN THE ARTS, INC.		26-3258158
Pa			
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? Yes 🗌 No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gra-	nt funds can be used
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?		Yes 🗌 No
Rati			
man, diposis	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conser	vation easement is located 🟲	
5	Does the organization have a written policy reg	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Par	Organizations Maintaining Collections		
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo		
þ	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relati	•	
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		• • • • \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b_	Assets included in Form 990, Part X	# # # # # # # # # # # # # # # #	▶ \$

Pai	Organizations Maintaining C	Collections of	Art, His	torical	Treasures,	or Ot	her Similar As	sets (continu	ied)
3	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams		
b	Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.								ı Part
5	During the year, did the organization s assets to be sold to raise funds rather the	han to be mainta						r Yes [No_
1241	Escrow and Custodial Arran Complete if the organization a 990, Part X, line 21.		" on Fo	rm 990, I	Part IV, line	9, or 1	reported an am	nount on For	m
1a								t Yes	No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	ollowing to	able:				
							Aı	nount	
C	Beginning balance			8 8 8		1c			
d	Additions during the year		B 8 8	8 8 8	9 350 To 10	1d	-		
е	Distributions during the year	** * * * * *	* B *	* * * :	* 3.58 % %	1e	4		
f	Ending balance					_1f			1
2a	Did the organization include an amount								
b Heer	If "Yes," explain the arrangement in Par Endowment Funds.	t XIII. Check her	e if the e	xpianatio	n nas been p	roviae	o on Part XIII .		<u></u>
BILECIU	Complete if the organization a	inswered "Ves	" on For	m 000 I	Part IV line	10			
	Complete if the organization a	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years	back
1a	Beginning of year balance		· ` ` ·				``	<u> </u>	
b	Contributions								
С	Net investment earnings, gains, and losses								=::
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								_ =
g	End of year balance								
2	Provide the estimated percentage of the		d balanc	e (line 1g	, column (a))	held a	s:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	_%							
С	Temporarily restricted endowment ▶	%							
0 -	The percentages on lines 2a, 2b, and 2c	should equal 1	00%.					_	
3a	Are there endowment funds not in the programization by:	possession of th	ie organi	zation tha	at are neid ai	na aar	ninistered for the		NI.
	-							Yes 3a(i)	No
	(i) unrelated organizations (ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							3b	
4	Describe in Part XIII the intended uses o								
PAT	Land, Buildings, and Equipm								-
	Complete if the organization a		on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 1	0.
	Description of property	(a) Cost or ot			r other basis ther)		ccumulated preciation	(d) Book value	
1a	Land					WALES	de la carialista de la		
b	Buildings								
С	Leasehold improvements								
ď	Equipment				189,434		131,427	58,	007
e	Other	, L , _			(m) 11 12			F.0	007
otal	Add lines 1a through 1e. (Column (d) mus	st equal Form 9	III Part	< column	(B) line 10c	S		58.	007

*PATAVII	Investments—Other Security		000 Devt IV line	44h Cas Farms (OO Dort V line 40
	Complete if the organization a				
-	(a) Description of security or cate (including name of security)	gory	(b) Book value		d of valuation: f-year market value
· •	l derivatives				
	held equity interests				
(3) Other					
(A)		*****			
(B)					
(C)	********************************				
(D)	***************************************				
(E)	*********************************				
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)			CHERT SHARES	
Part VIII	Investments—Program Rela		000 D 1 D 1 D 1 D	44 0 5	00 D LW E 40
	Complete if the organization a				
	(a) Description of investment		(b) Book value		d of valuation: -year market value
(4)				203(0) 6/10/01	, sai market value
(1)	· · ·				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
Total. (Column I	b) must equal Form 990, Part X, col. (B) line 13.)	>	50	(Hallania Milicantus)	O NOR OF BURES, LED
PETRIX	Other Assets.	<u> </u>	120		A DATE OF THE PARTY OF THE PART
RE-DE-JA R. L. A.	Complete if the organization a	nswered "Yes" on For	m 990. Part IV. line	11d. See Form 9	90. Part X. line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, line	11e or 11f. See f	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)			Mary 15 of Self		
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 25.)		Shirt Francisco	TO THE REAL PROPERTY OF	
Liability for	uncertain tax positions. In Part XIII, pro	ovide the text of the footho	te to the organization's	financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Ochicadi	000	111 000/2011					i age
Pari	X	Reconciliation of Revenue per Audited Financial Stateme				r Return.	
		Complete if the organization answered "Yes" on Form 990, I					
1		revenue, gains, and other support per audited financial statements	8 8 9	8 8 9	020 - 20 - 27 - 32	1	669,808
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1				
а		nrealized gains (losses) on investments	2a				
b		ted services and use of facilities	2b				
C .		veries of prior year grants	2c			10000	
d		(Describe in Part XIII.)	2d			The same of the sa	^
е		nes 2a through 2d	2 2 3	2 2 2	S	2e	669,808
3		act line 2e from line 1	i i	8 8 9		3	009,808
4_		ints included on Form 990, Part VIII, line 12, but not on line 1:	1.			25 4	
a		ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4a 4b				
b						4c	0
с 5		nes 4a and 4b				5	669,808
Para		Reconciliation of Expenses per Audited Financial Statem					
N SE-11-1	VALUE	Complete if the organization answered "Yes" on Form 990, F				CI IXCLUI	
1	Total	expenses and losses per audited financial statements			20.	1	573,066
2		nts included on line 1 but not on Form 990, Part IX, line 25:	# # # P		826 16 10 20	3/5F-24	3,3,000
a		red services and use of facilities	2a				
b		year adjustments	2b			1000	
c		losses	2c				
d		(Describe in Part XIII.)	2d				
e		nes 2a through 2d				2e	0
3		act line 2e from line 1	AT AT A	e se va	200 70 W W	3	573,066
4		nts included on Form 990, Part IX, line 25, but not on line 1:	f T			3331	
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			26183	
b		(Describe in Part XIII.)	4b				
С	Add li	nes 4a and 4b ,	8 8 8			4c	0
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	2 2 2	91.16 8 8	5	573,066
Pari		Supplemental Information.					
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and					
2; Part	XI, line	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide any	additional i	ntormation	1.
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unanner.							

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				*****	*******		

		CHRIS SPRANDING SPRANDSCORES CANDISC CANDISC					
					nn-inconductionis		

Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.lrs.gov/Form990 for the latest instructions. Employer Identification number Name of the organization MUSIC CITY YOUTH IN THE ARTS, INC. 26-3258158 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 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. Mail solicitations e

Solicitation of non-government grants а Internet and email solicitations ☐ Solicitation of government grants Phone solicitations Special fundraising events **d** In-person solicitations 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 ☐ No b If "Yes," list the 10 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 or entity (fundraiser) (or retained by) fundraiser listed in (iv) Gross receipts custody or control of contributions? (ii) Activity from activity organization col. (I) Yes No 1 2 3 4 5 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 3 registration or licensing Tennessee

D	YZ MI	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" on and gross income on	n Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more nd 6b. List events with
-		3,000 pt 3,000 pt	(a) Event #1 Show/Comp (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	48,037			48,037
<u>ac</u>	2	Less: Contributions				0
	3	Gross income (line 1 minus line 2)	48,037			48,037
	4	Cash prizes				0
	5	Noncash prizes			V2	0
nses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direct	8	Entertainment				0
	9	Other direct expenses .	40,248			40,248
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	* * * * * * * * * * * * * * * * * * *	40,248
		Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	11	Gross revenue			29,673	29,673
ses	2	Cash prizes			5,000	5,000
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
_	5	Other direct expenses	57	☐ Yes %	666	666
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		5,666
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		24,007
	a Ist	ter the state(s) in which the or the organization licensed to co No," explain:		s in each of these state	s?	, . 🛚 Yes 🗌 No
10		ere any of the organization's g Yes," explain:	jaming licenses revoked			? . ☐ Yes ☒ No

Schedu	le G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► Tracy Rode
	Address 1727 Elm Hill Pike, Nashville, TN. 37210
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Fmployee □ Independent contractor
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
1257775	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MUSIC CITY YOUTH IN THE ARTS, INC.

Questions Regarding Compensation

Employer identification number

26-3258158

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel☐ Travel for companions☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Health or social club dues or initiation fees☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	84.11		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract		3	de
	☐ Independent compensation consultant ☐ Compensation survey or study		100	8591
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			Silving Book
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	Teles		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	16-11	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	Electric .	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	mu sans	DATE OF	
-	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-	-MISC compensa	tion		a, applicable coluin	מווס (ב) מווסמווי	ייי יייי וומר וווחואומים.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incertive compensation	ve (iii) Other reportable compensation	I	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(()-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
	(3)								
-	E								
	Θ								
2	E								
	(1)								
3	E								
	(1)								
4	<u>E</u>								
	(6)	×							
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	ε								
9	E								
	(3)								
7	E								
	(i)				200				
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6	E								
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10	€								
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	(I)								
13	€								
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14	€								
	()								
15	E								
	(j)								
16	€					Total School Sch	00000000000000000000000000000000000000		
								Sci	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017	Page 3
F 5	ete this part
Schedule J (Form 990) 201	(Form 990) 201

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

MUSIC CITY YOUTH IN THE ARTS, INC.

26-3258158

Par	Excess Benefit Transac Complete if the organiza	ctions (section 501(c)(3), section 501(c)(4), and 5 tion answered "Yes" on Form 990, Part IV, line 2	501(c)(29) organizations only). 25a or 25b, or Form 990-EZ, Part \	/, line 40b.	0
4	() N	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		urred by the organization managers or disqual			
3	Enter the amount of tax, if any	, on line 2, above, reimbursed by the organization	on		

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In d	efault?		ard or	(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) Mark Garey	Board	Liquidity	Х		25,000	15,000		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				X
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV	Business Transactions Involvi Complete if the organization and	ng Interested Persons. swered "Yes" on Form 990), Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
- (4)					Yes	No
(1)						
(2)						
(3)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information				_1	<u> </u>
H-J-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-						
		212-142-14224111641164114416416-1				
********	***************************************				*******	********
	***************************************		***************************************			<u> </u>

					*****	*******
*********		***************************************	***************************************			

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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.

Open to Public Inspection

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
MUSIC CITY YOUTH IN THE ARTS, INC.	26-3258158
Part VI. Full Board reviews.	***************************************
Part VI. 12c Full Board reviews all such items.	

Part VI-B. 15b Full Board reviews.	

	X/ANALASKANANANANANANANANANANANANANANANANANANA

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 26-3258158 MUSIC CITY YOUTH IN THE ARTS, INC. print Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the 1727 ELM HILL PIKE due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See NASHVILLE, TN 37210 instructions. 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ 80 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 04 Form 5227 Form 990-PF 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 The books are in the care of ► TRACY RODE Telephone No. ► 615-467-4090 Fax No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until September 15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ □ calendar year 20 ▶ 🖾 tax year beginning November 1 , 20 17 , and ending October 31 , 20 18 . If the tax year entered in line 1 is for less than 12 months, check reason: 🔲 Initial return 🔲 Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2017)

3c \$