Form **990**

Return of Organization Exempt From Income Tax
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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047	
2017	
Open to Public Inspection	

Α	For the	e 2017 calendar year, or tax year beginning	and	enaing					
В	Check if applicable	C Name of organization			D Employer identif	ication number			
	Addre								
	Name chang	e Doing business as			46-0	923905			
	Initial return	Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite	E Telephone number				
	Final return	2015 8TH AVENUE			503-616-5967				
	termir ated	City or town, state or province, country, and ZIP or foreigr	n postal code		G Gross receipts \$	1,512,206.			
	Amen return	WEST DINN, OR 37000			H(a) Is this a group r				
	Application	F Name and address of principal officer: TRAVID PIAC	FRANE		for subordinate	s? Yes X No			
	pendi	¹⁹ SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No			
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.)) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)			
		te: ► WWW.YOUTHMUSICPROJECT.ORG			H(c) Group exemption				
		organization: X Corporation Trust Association	Other >	L Year	of formation: 2012	M State of legal domicile: OR			
P		Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant at MUSIC EDUCATION FOR YOUTH.	ctivities: YOUT	H MUS1	C PROJECT F	ROVIDES			
ř	2	Check this box if the organization discontinued its op	erations or dispo	sed of more	e than 25% of its net a				
8	3	Number of voting members of the governing body (Part VI, line	1a)		3	8			
ص ھ		Number of independent voting members of the governing body				8			
es	5	Total number of individuals employed in calendar year 2017 (Pa	rt V, line 2a)			57			
Ĭ₹		Total number of volunteers (estimate if necessary)				23			
Act		Total unrelated business revenue from Part VIII, column (C), line							
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	 			
					Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)			839,143. 520,518.				
Revenue			income (Part VIII, column (A), lines 3, 4, and 7d)						
Be									
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			16,297. 1,376,177.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, colu			221,241.	1,422,385.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), line 4)			942,755.				
ses	15				0.	0.			
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	159.7	85.		, , , , , , , , , , , , , , , , , , ,			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			298,118.	263,409.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)			1,462,114.				
		Revenue less expenses. Subtract line 18 from line 12			-85,937.				
Or Sec	3				eginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)			946,937.				
ASS	21	Total liabilities (Part X, line 26)			123,981.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			822,956.	666,935.			
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including acco				ny knowledge and belief, it is			
true	e, correc	et, and complete. Declaration of preparer (other than officer) is based on	all information of w	hich preparei	has any knowledge.				
		COPY Cignature of officer			Doto				
Sig		Signature of officer	TOTOD		Date				
He	re	TRAVIS MAGRANE, EXECUTIVE DIF	RECTOR						
		/			Date Check	II PTIN			
Pai	ч	Print/Type preparer's name YEE LEE MCGEE	nature		if If				
_	parer	<u></u>			self-emplo	yed FULLJ4330			
	Only	Firm's name GARY MCGEE & CO. LLP Firm's address 808 S.W. THIRD AVENUE,	SIITTE 70	0	Firm's EIN				
USC	Only	PORTLAND, OR 97204	DOILE /U	U	Phone no. (5	503) 222-2515			
140	v tha !!	RS discuss this return with the preparer shown above? (see inst	ructions)		Filolie IIo. (~	Yes No			
ivid	y 111 0 11	The state of the second with the preparer shown above? (see linst		one		res NO			

Га	Check if Schoolule O contains a response or note to any line in this Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
'	PROVIDE OUTSTANDING ROCK, POP, AND COUNTRY MUSIC EDUCATION FOR	YOUTH
	BY OFFERING LOW-COST LESSONS, FREE INSTRUMENT USE, AND EXCEPTI	
	PERFORMANCE OPPORTUNITIES.	OIVIL
	- Intermed off out of the state	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	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?	Yes X No
3	If "Yes," describe these changes on Schedule O.	L les Lino
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ ovnoncos
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	· · · · · · · · · · · · · · · · · · ·
	revenue, if any, for each program service reported.	xperises, and
 4а	1 224 000 046 477	605,183.)
44	YOUTH MUSIC PROJECT OFFERS INDIVIDUAL, GROUP, AND SUMMER CAMP	
	INSTRUCTION IN PIANO, VIOLIN, DRUMS, GUITAR, BASS, UKULELE, AN	
	LAUNCHED OUT OF A TRAVEL TRAILER IN 2012, THE ORGANIZATION WEN	
	TRAVELING MUSIC PROGRAM TO HAVING A PERMANENT HOME IN AN ADA	1 INOM A
	ACCESSIBLE, STATE-OF-THE-ART FACILITY. IN 2017, YOUTH MUSIC P	ROJECT
	PROVIDED 9,300 HOURS OF MUSIC INSTRUCTION TO 1,500 UNIQUE STUD	
	WHILE ENABLING 34% OF STUDENTS TO ATTEND FOR NO COST.	TINID,
	WILLIE ENABBING 340 OF BIODENID TO ATTEMD FOR NO CODI:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	,
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$})
4e	Total program service expenses ▶ 1,334,029.	F 000
		Form 990 (2017)

Form 990 (2017) YOUTH MUSIC PROJECT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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.			
а	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		-25
D	If "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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19	L	

Form **990** (2017)

Form 990 (2017) YOUTH MUSIC PROJECT Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och all to L. Do. II.	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	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	20		
27				
	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		X
20		21		-25
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):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l 🕶
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_v
	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			_v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			7.7
	Part V, line 1	34		X
	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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of the live of the superior of the first same and the live of the superior of the live			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			5c		
Va				6a		х
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu			- Ou		
-	were not tax deductible?		. giito	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 f	NT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/ N/	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are reliable to the organization of the description o			7h	14 /	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а бу ш	e N/M	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120		
a	Is the organization licensed to issue qualified health plans in more than one state?		11/11	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
<u>Sec</u>	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>8</u>]		
	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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		'	•	•
	, , , , , , , , , , , , , , , , , , , ,	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such or				
	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 boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,			
12a	Did the appropriation become sufficient and first and to the sufficient and the sufficien		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation		- Iou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati	· · ·			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶OR				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	. (2338311 331(0)(0)3 0111))	avanuk		
	77	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	,	nd finan	cial	
.5	statements available to the public during the tax year.	orninot of interest policy, al	iu iiilali	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's b	noks and records:			
20	DAVID BILLS - 503-722-3490				
	9740 S.W. HILLMAN COURT, SUITE 200, WILSONVILLE, O	OR 97070-771	0		

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

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

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

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

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 no (A)	(B)	<u></u>		(((D)	(E)	(F)	
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated	
Name and Title	hours per					than is bot		compensation	compensation	amount of other	
	week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related		
	(list any	ctor						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee (ruste			seu sa		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloyee	comp				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) AMY FAUST	line) 1.00	Ē	Ë	₽	- S	E H	요				
(1) AMY FAUST DIRECTOR	1.00	Х						0.	0.	0 .	
(2) JEN FULWYLER	1.00	^						0.	0.	0 .	
DIRECTOR	1.00	Х						0.	0.	0	
(3) MARK SCHLESINGER	1.00							0.	•	0	
DIRECTOR	1.00	х						0.	0.	0	
(4) RACHAEL SNEDDON	1.00										
DIRECTOR, STARTED JULY 2017		х						0.	0.	0	
(5) JASON WAXBERG	1.00							-		-	
DIRECTOR		Х						0.	0.	0	
(6) DAVID BANY	5.00										
PRESIDENT		Х		Х				0.	0.	0 .	
(7) SARAH BANY	5.00										
VICE-PRESIDENT		Х		Х				0.	0.	0	
(8) MARY JAEGER	5.00										
SECRETARY		Х		Х				0.	0.	0	
(9) RACHAEL SNEDDON	40.00								_		
EXECUTIVE DIRECTOR, THROUGH JUNE 2017				Х				38,415.	0.	1,299	
(10) TRAVIS MAGRANE	40.00							50 400		4 600	
EXECUTIVE DIRECTOR, STARTED JUNE 2017				Х				68,490.	0.	4,623	
								1			

Pa	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0	•			(D)	(E)			(F)	
	Name and title	Average hours per week	box offi	Position (do not check more than one box, unless person is both ar officer and a director/trustee)			than	h an	Reportable compensation from	Reportable compensation from related		am	timate ount o other	of
		(list any hours for related organizations	Individual trustee or director	trustee		96	npensated		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro	pensa om the anizati d relate	e ion
		below line)	In dividual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				1	nizatio	
	Sub-total							<u> </u>	106,905.		0.	 	5,9	22.
С	Total from continuation sheets to Part V	II, Section A							106,905.		0.		5,9	0.
a	Total (add lines 1b and 1c) Total number of individuals (including but r								<u> </u>	l),000 of reportab		<u> </u>	J , J	44.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		,	,	•	,	•	highest compensated e	. ,		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15			-					•	the organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•			ted organization or indiv	idual for services	j	5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			INC					(B) Description of s			(C Comper	;) nsatio	n
									·					
2	Total number of independent contractors (ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization >				-	U					Form 9	aan (2017

Form 990 (2017) YOUTH M
Part VIII Statement of Revenue

		Check if Schedule O cont	taine a reenonee	or note to any lir	ne in this Part VIII			
		Check il Schedule O cont	iairis a response	or note to any iii	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue excluded
					Total Tovolido	exempt function	business	from tax under
						revenue	revenue	sections 512 - 514
nts its	1 a	Federated campaigns	1a					
μŽ		Membership dues						
۵٤۱		Fundraising events	·····	103,919.				
r B			·····					
⊇َقا		Related organizations	·····					
Sir		Government grants (contribut						
흕	f	All other contributions, gifts, gran	its, and					
를		similar amounts not included abo	ve 1f	749,379.				
달의	g	Noncash contributions included in lines	1a-1f: \$	412,304.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	853,298.			
				Business Code				
.	۰.	TUITION		611600	595,390.	595,390.		
ا يَدِ	2 a		10	611600				
Program Service Revenue	b				7,494.	7,494.		
	С	INSTRUMENT RENT	L'AL	611600	2,186.	2,186.		
e a	d							
<u>е</u>	е							
죠	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			605,070.			
	3	Investment income (including			, , ,			
	3	•	112.			112.		
	_	other similar amounts)			112.			112.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
			(1) 0					
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
		Gross income from fundraisin						
Jue	0 4		919. of					
Vel								
Re		contributions reported on line	•	E0 06E				
ē		Part IV, line 18		50,865.				
Other Reven		Less: direct expenses		88,412.				
	С	Net income or (loss) from fund	draising events	<u></u>	-37,547.			-37,547.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam		>				
	io a	Gross sales of inventory, less		1 522				
		and allowances						
	b	Less: cost of goods sold	b	1,409.	4.4.0	110		
	С	Net income or (loss) from sale	es of inventory	<u></u>	113.	113.		
ſ		Miscellaneous Revenu	ie	Business Code				
İ	11 a	OTHER REVENUE		900099	1,339.	0.		1,339.
	b	•	_		-			
	C	-						
		All other revenue						
		All other revenue			1,339.			
	е	Total. Add lines 11a-11d				605,183.	0.	-36,096.
	12	Total revenue See instructions			1.422.385.	DUD_IX3		ı – 50 . UYD.

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).

18	0001	On 501(C)(3) and 501(C)(4) organizations must comp Check if Schedule O contains a respon				
Total expenses Fundamental	Do		(A)	(B)	(C)	(D)
Carants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			Total expenses			
2 Grants and other assistance to domestic inclividuats. See Part IV, line 17 (and the satistance to foreign organizations, foreign governments, and foreign inclividuats. See Part IV, line 18 (and the satistance to foreign organizations, foreign governments, and through inclividuats. See Part IV, line 18 (and the satistance) and the satisfact of Compensation of current officiers, directors, trustees, and key employees (and the satisfaction) and the satisfaction of current officiers, directors, trustees, and key employees (and the satisfaction) and the satisfaction inclinidated above, to disqualified persons (as defined under section 4988(ft)(1) and persons disaction and satisfaction inclinidated above, to disqualified persons (as defined under section 4988(ft)(1) and persons (as defined	1	Grants and other assistance to domestic organizations		•		·
Individuals, See Part IV, line 22 246, 477. 246, 477. 246, 477. 3 3 3 3 3 3 3 3 3		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4958(ft)(1) and persons discribed in section 4958(ft)(1) and 49(3)(1) employer contributions (include section 4918(ft) and 49(3)(1) employer contributions) 9 Cither employee benefits 10 Payori taxes 11 Fees for services (non-employees): 11 Fees for services (non-employees): 12 Accounting 13 , 632. 14 , 680. 14 , 680. 15 , 564. 16 Coupared: 13 , 632. 17 , 564. 18 Postion in the diad specifies. See Part IV, line 17 ft investment management flees 9 (Other, efficient diagnosis) 19 Cother, efficient galancient exceets 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 19 Against 19 (State 1) (St	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	246,477.	246,477.		
Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members 112 , 827						
112,827. 72,426. 26,934. 13,467.						
trustees, and key employees Compensation not included above, to disqualited persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 8 Pension plan accruals and contributions (include section 49(8) and 49(8)) employer contributions (include section 49(8)) and 49(8)	4	F				
6 Compensation not included above, to disqualitied persons (as defined under section 4958(r)(3)(8) persons described in section 4958(r)(3)(8) more selected in 4958(r)(3)(8) more selected in 4958(r)(3)(8) more selected in 4958(r)(3)(8) more selected in 4958(r) m	5	•	110 000	E0 406	06.024	12 465
persons described in section 498(p(1)) and persons described in section 498(p(3)(B) 7 Other selaries and wages 8 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 9 27, 23, 27, 25, 32, 23, 27, 25, 434, 8, 421, 758, 479(l axes) 10 Payroll taxes 11 Fees for services (non-employees): 11 Anagement 12 Legal 13 C Accounting 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 for linest transparent fees 16 Occupancy 17 Advertising and promotion 18 Aj 22, 3, 386, 4, 94, 942, 13, 94, 94, 94, 94, 94, 94, 94, 94, 94, 94			112,827.	72,426.	26,934.	13,467.
persons described in section 498R(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 40 (k)) and 40(b) employer contributions) 9 Other employee benefits 13,2,730, 23,875, 434, 8,421, 10 Payroll taxes 11 Fees for services (non-employees): 11 Adaption and an appropriate to the set of the section 40 (k) and 40(b) employer contributions) 11 Fees for services (non-employees): 12 Adaption and an appropriate to the set of the section 40 (k) and 40(b) employer contributions (include section 40 (k)) and 40 (k) and 40 (k	6	· · · · · · · · · · · · · · · · · · ·				
7 Other salaries and wages. 8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 11,349. 8,331. 293. 2,725. 9 Other employee benefits 11,349. 8,331. 293. 2,725. 110 Payroll taxes 110 Payroll taxes 111 Fees for services (non-employees): 2 Management 2 Legal 2 C. Accounting 2 Other, (iffiline 11q amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13,632. 13,632. 13,632. 13,632. 13,632. 13,632. 13,632. 14,680. 7,564. 546. 546. 5,570. 33,380. 34,942. 37,380. 39,010. 37,765. 4,942. 39,010. 37,765. 780. 465. 757. 780. 465. 757. 780. 465. 77,564. 10 Cocupancy 19,886. 19,289. 398. 199. 199. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 11 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13,351. 167. 18 REPAIRS AND MAINTENANCE 23,021. 27,699. 27,699. 21,737. 21,701. 24,261. 27,699. 27,699. 21,737. 21,701. 24,261. 27,699. 21,737. 21,701. 24,261. 27,699. 21,737. 21,701. 24,261. 27,699. 21,737. 21,701. 21,797.						
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9 Other employee benefits 32,730 . 23,875 . 434 . 8,421 . 10 Payroll taxes 96,851 . 79,692 . 5,401 . 11,758 . 11 Fees for services (non-employees): a Management b Legal	8	•	11 240	0 221	202	2 725
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a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 2 te expenses on Sch 0.) 14, 680. 7, 564. 546. 6, 570. 24 Advertising and promotion 8, 322. 3, 380. 4, 942. 3 Office expenses 8, 161. 5, 421. 2, 664. 76. Information technology 19, 886. 19, 289. 398. 199. 5 Royalties 0 Occupancy 39, 010. 37, 765. 780. 465. 7 Travel 3, 364. 2, 607. 7557. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 12 Payments to affiliates 13 Insurance 14 Payments to affiliates 25 Depreciation, depletion, and amortization 26 Augustian and amortization 27 Travel 28 Augustian and amortization 29 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 so schedule 0.) 27 Travel 28 Travel 30 THE EXPENSES 40 Travel 41 Payments to affiliates 42 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 so in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 30 THER EXPENSES 5 Tatal functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation. Creach rev pages and the fraction of the page and the page			90,031.	19,094.	5,401.	11,/30.
b Legal		` ' ' '				
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f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 14,680						
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16 Occupancy 39,010. 37,765. 780. 465. 17 Travel 3,364. 2,607. 757. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings					9701	
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a OTHER EXPENSES b REPAIRS AND MAINTENANCE c PROGRAM SUPPLIES d PRINTING AND COPYING e All other expenses 5 Total functional expenses. Add lines 1 through 24e 25 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						
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a OTHER EXPENSES 5 REPAIRS AND MAINTENANCE c PROGRAM SUPPLIES d PRINTING AND COPYING e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	19					
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) a OTHER EXPENSES b REPAIRS AND MAINTENANCE c PROGRAM SUPPLIES d PRINTING AND COPYING e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 in following SOP 98-2 (ASC 958-720) 1 70 , 407		, , ,				
22 Depreciation, depletion, and amortization 70,407. 68,295. 1,408. 704. 23 Insurance 8,351. 8,101. 167. 83. 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 0.) a OTHER EXPENSES 27,699. 21,737. 1,701. 4,261. b REPAIRS AND MAINTENANCE 23,021. 22,305. 445. 271. c PROGRAM SUPPLIES 18,599. 18,599. d PRINTING AND COPYING 8,277. 8,277. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,578,406. 1,334,029. 84,592. 159,785. 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)						
1			70,407.	68,295.		704.
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 0.) a OTHER EXPENSES BEPAIRS AND MAINTENANCE C PROGRAM SUPPLIES D PRINTING AND COPYING E All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	23	Insurance	8,351.	8,101.	167.	83.
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OTHER EXPENSES DESCRIPTION OF PROGRAM SUPPLIES DESCRIPTION OF PRINTING AND COPYING All other expenses Total functional expenses. Add lines 1 through 24e Dint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In the interval of the process of the content o	24					
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e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,578,406. 1,334,029. 84,592. 159,785. 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)	С					
Total functional expenses. Add lines 1 through 24e 1,578,406. 1,334,029. 84,592. 159,785. 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)	d	PRINTING AND COPYING	8,277.	8,277.		
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)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,578,406.	1,334,029.	84,592.	159,785.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization		_		
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
y —		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Part X Balance Sheet

Pa	IL A	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X	-		
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			58,789.	1	84,259.
	2	Savings and temporary cash investments			176,716.	2	79,432.
	3	Pledges and grants receivable, net				3	4,550.
	4	Accounts receivable, net			3,389.	4	0.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section		=			
		employers and sponsoring organizations of sec					
şţ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			1,613.	8	3,128.
	9	Prepaid expenses and deferred charges			9,826.	9	11,341.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	931,841.	606 604		646 040
	b	Less: accumulated depreciation		285,523.	696,604.	10c	646,318.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.4.60.0.7	15	000 000
	16	Total assets. Add lines 1 through 15 (must equ			946,937.	16	829,028.
	17	Accounts payable and accrued expenses	37,904.	17	57,018.		
	18	Grants payable			06 077	18	105 075
	19	Deferred revenue			86,077.	19	105,075.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee		· · ·			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		•		0.5	
		Schedule D			123,981.	25	162,093.
	26			k have N Y and	123,901.	26	102,093.
		Organizations that follow SFAS 117 (ASC 958		k nere 🚩 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 and			816,907.	27	625,577.
Fund Balances	27	Unrestricted net assets			6,049.		41,358.
Ba	28	Temporarily restricted net assets			0,040.	28	41,330.
ဋ	29	•		\ abaati bara \		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Š	20	and complete lines 30 through 34.				200	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed			31		
Ne.	32	Retained earnings, endowment, accumulated in			822,956.	32	666,935.
	33	Total lichilities and not assets/fund balances			946,937.	33	829,028.
	34	Total liabilities and net assets/fund balances			9 4 0,937•	34	049,040.

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 7	Total revenue (must equal Part VIII, column (A), line 12)	1	1,42	2,3	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,57		
3 F	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82	2,9	56.
5 1	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
7 I	Investment expenses	7			
8 F	Prior period adjustments	8			
9 (Other changes in net assets or fund balances (explain in Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	66	6,9	35.
Part	XII 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b \	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c l	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
			2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	.5.5 / 10011	За		Х
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	. 53		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization YOUTH MUSIC PROJECT 46-0923905 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Calledary var (or fiscal year beginning in) Call Cal	Sec	ction A. Public Support						
membership fees received. (Do not include any "unsusual grants.") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to republicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, served lines shemine 4 Section B. Total Support Calendar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (or itsel year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calledar year (c) 2017 (f) Total Calledar year (c) 2017 (f) 2015 (c) 2015 (c) 2017 (f) Total Calledar year (c) 2017 (f) 2015 (c) 2015 (c) 2017 (f) Total Calledar year (c) 2017 (f) 2015 (c) 2015 (c) 2017 (f) 2015 (c) 2017 (f) 2015 (c) 2017 (f) 2015 (c) 2017	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1,140,544 1,116,107 955,442 839,143 839,930 4,891,166	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization sheelft and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 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, subsective 5 tool lines 2 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources, 8 9 Net income from unrelated business activities, whether or not the business is regularly carried on 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) 17 Gross rocepts from related activities, etc. (see instructions) 18 First five years. If the Form 990 is for the organization of the loss of the loss of the capital column (f) 15 Support percentage for 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI) 10 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line 13, fab, or 16a, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI) or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI) how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. the organization of line to the check a box on line		membership fees received. (Do not						
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or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines I 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 256 of the amount shown on line 11, column (f) 5 Public support. Servace irve 5 from line 4 5 Rection B. Total Support Callendar year (offseal year beginning in) ► 7 Announts from line 4 8 Gross income from interest, dividends, paryments 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(x)(x) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 - 12 / 56 16 3 3 1/3% support test - 2017. (fithe organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part V I/b or whe organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part V I/b or whe organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part V I/b or whe organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part V I/b or whe organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part V I/b or whe organization meets the "facts and-circumstances" test, check this box and stop here. E	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 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. Softence line 4 to the form line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total value of the form line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total value of income from similar sources activities, whether or not the business size regularly carried on the sale of capital assets (Explain in Part VI). 1 Total support. Additines T through 10 (a) 2015 (c) 2015 (d) 2016 (e) 2017 (f) Total value of the contributions of the contribution		ization's benefit and either paid to						
turnished by a governmental unit to the organization without charge 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. Seberal line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest activities 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 8 Explain in Part VI). 14 In 15 1 2 5 1 2		or expended on its behalf						
4 Total. Add lines 1 through 3 1,140,544. 1,116,107. 955,442. 839,143. 839,930. 4,891,166. 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. Subvect line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)	3	The value of services or facilities						
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether 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.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
.56	more than 33 1/3%, check this box a						▶
ŀ	33 1/3% support tests - 2016. If the						 and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
46		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
m 990 or 99	90-E <i>7</i>	2017

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b	A family member of a person described in (a) above?	11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions	:).	
2	Activities Test. Answer (a) and (b) below.	Í	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	- · · · · · · · · · · · · · · · · · · ·			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2017

	1 Type III 14011-1 directionally integrated 309	talia ora	(continued)	
Secti	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
е	EXCESS HOUI ZUT/			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME (\$1,339)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

YOUTH MUSIC PROJECT RECEIVES SUBSTANTIAL SUPPORT FROM CONTRIBUTIONS FROM
THE GENERAL PUBLIC AND OTHER CHARITABLE ORGANIZATIONS. FOR EXAMPLE, YOUTH
MUSIC PROJECT SATISFIED THE "10% OF SUPPORT" REQUIREMENT ON AN AGGREGATE
BASIS OVER THE FIVE-YEAR COMPUTATION PERIOD ENDED DECEMBER 31, 2017
THROUGH SUPPORT FROM A BROAD AND REPRESENTATIVE NUMBER OF PERSONS. IT DOES
NOT GENERALLY RECEIVE ALL OF ITS SUPPORT FROM A SINGLE SOURCE.

YOUTH MUSIC PROJECT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS. IN SO DOING, YOUTH MUSIC PROJECT MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, AND CARRIES ON ACTIVITIES AND PROGRAMS TO ATTRACT SUPPORT FROM OTHER 509(A)(1) CHARITIES.

YOUTH MUSIC PROJECT HAS A GOVERNING BODY THAT REPRESENTS THE BROAD

INTERESTS OF THE PUBLIC, RATHER THAN THE PERSONAL AND PRIVATE INTEREST OF
A LIMITED NUMBER OF DONORS.

YOUTH MUSIC PROJECT PROVIDES SERVICES DIRECTLY RELATED TO THE GENERAL PUBLIC ON A CONTINUING BASIS, AND MAINTAINS A VARIETY OF PROGRAMS TO ACCOMPLISH ITS CHARITABLE WORK IN THE COMMUNITY.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

YOUTH MUSIC PROJECT 46-0923905 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization Employer identification number

YOUTH MUSIC PROJECT

46-0923905

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 608,131.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions \$ 13,565.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 11,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivalile, audi ess, allu ZIF + 4	\$ 10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YOUTH MUSIC PROJECT 46-0923905

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 8,505.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,957.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization Employer identification number

YOUTH MUSIC PROJECT 46-0923905

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

YOUTH MUSIC PROJECT

46-0923905

(b) Description of noncash property given	(c) FMV (or estimate)	(d)
	(See instructions.)	Date received
STOCK DONATION		
	\$\$	08/18/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
KAWAI BABY GRAND PLAYER PIANO	_	
	\\ \\$11,500.	01/24/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given AWAI BABY GRAND PLAYER PIANO

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number YOUTH MUSIC PROJECT 46-0923905 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUTH MUSIC PROJECT

Employer identification number 46-0923905

Pai	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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 advisors in	n writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the or		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ition (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic st		
d	(/ 1		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserv	ation easements during the year
_			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) about a set in 4.73(h)(A)(D)(i)(2)		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organiza	ation's imancial statements that describes	s the organization's accounting for
Pai	rt III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Forr	•	The Chima Access.
12	If the organization elected, as permitted under SFAS 116 (A		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that desc		ande of public service, provide, in rail XIII,
h	If the organization elected, as permitted under SFAS 116 (A		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:	oddoddon, o'r rosodron i'r raitholanoc o'r pe	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tr		
_	the following amounts required to be reported under SFAS		a. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining C	collections of A	t, Historical	Treasures, o	or Othe	er Simi	lar Asse	t s (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following tha	t are a s	ignifican	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange progra	ams				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization	s collection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiz	ation answered '	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribu	tions or other as	sets not	included	t		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					. 1c			
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fe							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·	•						
Par									
	· ·	(a) Current year	(b) Prior year				years back	(e) Four y	ears back
1a	Beginning of year balance	,	, ,	1,,,,,		. ,		, ,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·	. '								
f	and programs Administrative expenses								
	End of year balance								
_	Provide the estimated percentage of the curr	ront voor and balana	o (lino 1 a polum	n (a)) hold as:	L				
2	· · · · · · · · · · · · · · · · · · ·	rent year end balanc		iii (a)) iieiu as.					
	Board designated or quasi-endowment ► Permanent endowment ►	%	_%						
									
С	Temporarily restricted endowment	<u>%</u>							
0-	The percentages on lines 2a, 2b, and 2c sho	-	- 4:	lal and a discharge to take			! - 4 !		
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that are ne	ia ana aaministe	erea for t	ne organ	ization	Į.	, ,,
	by:								es No
	(i) unrelated organizations								
	(ii) related organizations								
	If "Yes" on line 3a(ii), are the related organiza			R?				. 3b	
4 Do:	Describe in Part XIII the intended uses of the		wment funds.						
Par				0 5 000		" 40			
	Complete if the organization answered			1					
	Description of property	(a) Cost or o		cost or other		ccumulat	I	(d) Book	value
		basis (investn	nent) ba	sis (other)	ael	oreciatio	1		
	Land								
	Buildings			224 405		22.		200	405
	Leasehold improvements			224,405.		22,0			,405.
	Equipment			707,436.		263,5	045.	443	,913.
	Other							C 1 C	318.

Schedule D (Form 990) 2017 YOUTH MUSIC	PROJECT	46-0923905 Page
Part VII Investments - Other Securities.		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, col. (R) line 13.)		

Part IX	Other Assets.
	Office Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

732054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

YOUTH MUSIC PROJECT

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

Employer identification number 46-0923905

Schedule G (Form 990 or 990-EZ) 2017

Fundraising Activities required to complete this par	Complete if the organization answe t.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
_						
Total						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 154,784 154,784. 1 Gross receipts 103,919 103,919. 2 Less: Contributions 50,865 50,865. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 23,441. 23,441. 7 Food and beverages 8,520. 8,520. 8 Entertainment 56,451. 56,451. 9 Other direct expenses 88,412. 10 Direct expense summary. Add lines 4 through 9 in column (d) -37,547. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 YOUTH MUSIC PROJECT 46-	0923	905	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	□ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
c	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 Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license? Description Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	163	140
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9.	9b. 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	· • • · · ·	, , , , , ,
	· · · · · · · · · · · · · · · · · · ·	,		

Schedule G	(Form 990 or 990-EZ)	YOUTH MUSIC	PROJECT	46-09239	05 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			· ·
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

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

			0.0000				•
Name of the organization YOUTH MU	YOUTH MUSIC PROJECT	Į.					Employer identification number $46-0923905$
Part I General Information on Grants and Assistance	s and Assistance						
1 Does the organization maintain records to substantiate the amount of the	ds to substantiate th		or assistance, the	grantees' eligibilit	y for the grants or as:	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ssistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of	procedures for moni	toring the use of grant	grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	to Domestic Organ	zations and Domesti	c Governments.	omplete if the orga	anization answered "	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	an \$5,000. Part II car	be duplicated if addit	ional space is need	Jed.		_	
1(a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	3) and government or	ganizations listed in th	ne line 1 table				A
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

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Page 2

Schedule I (Form 990) (2017) YOUTH MUSIC PROJECT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE	1325	.0		246,477.FAIR MARKET VALUE	TUITION REDUCTION
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:	uired in Part I, line	e 2; Part III, column	(b); and any other a	dditional information.	
NO	STUDENTS	WHO QUALI	FY. ELIGIBILITY	ILITY IS	
DETERMINED BASED ON THE FEDERAL FINANC	NANCIAL :	IAL INCOME GUIDELINES	DELINES FOR	R FREE AND	
REDUCED LUNCH.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

YOUTH MUSIC PROJECT

Employer identification number 46-0923905

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	•
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii continbu	lion ai	nount	
1	Art - Works of art							
2	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	378,444.	QUOTED PRIC	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts	37	17	11 661	T33.63.7			
25	Other (AUCTION ITEMS)	X	47	14,664. 11,500.				
26	Other (EQUIPMENT) Other (SUPPLIES)	X	27	7,696.				
27 22		Λ	47	7,030.	L M A			
28	Other ()							
29	Number of Forms 8283 received by the organization completed Form 828		-					
	for which the organization completed Form 626	oo, Fait IV, I	Jonee Acknowled(gernent 29			Yes	No
30-2	During the year, did the organization receive by	, contributio	n any property rer	ported in Part I lines 1 throu	ah 28 that it		163	NO
Jua	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.					Jour		
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	ıtions?	31		Х
	Does the organization hire or use third parties of	-	•	•				
	contributions?		_	· ·		32a		X
b	If "Yes," describe in Part II.							
	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·	·			

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

Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **Open to Public**

Inspection

Name of the organization

YOUTH MUSIC PROJECT

Employer identification number 46-0923905

FORM 990, PART VI, SECTION A, LINE 2:

DAVID BANY, PRESIDENT, SARAH BANY, VICE-PRESIDENT, AND RACHAEL SNEDDON, DIRECTOR HAVE A FAMILY RELATIONSHIP.

DAVID BANY, PRESIDENT, SARAH BANY, VICE-PRESIDENT, AND MARY JAEGER, BOARD MEMBER, HAVE A BUSINESS RELATIONSHIP.

DAVID BANY, PRESIDENT, SARAH BANY, VICE-PRESIDENT, AND MARK SCHLESINGER, BOARD MEMBER, HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT CURRENTLY HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

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

THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM, REVIEWED BY THE ORGANIZATON'S MANAGEMENT, AND PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

THE BOARD OF DIRECTORS MEET QUARTERLY TO DISCUSS POLICIES.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF

DIRECTORS AFTER CONSULTATION WITH INDEPENDENT OUTSIDE ADVISORS USING

COMPARABLE SALARY DATA. THE PROCESS OF DETERMINING THE COMPENSATION AMOUNT

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

Schedule O (Form 990 or 990-EZ) (2017)

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.

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.

must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
				Enter file	er's identifying n	umber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nu	mber (EIN) or
print						
Elle books	YOUTH MUSIC PROJECT				46-09239	905
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2015 8TH AVENUE	ee instruc	tions.	Social se	curity number (S	SN)
return. See instructions		oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
			S.W. HILLMAN COURT	, SUI	TE 200 -	
• The b	ooks are in the care of $ ightharpoonup ext{WILSONVILLE}$, $ ext{OP}$	R 970'	70-7710			
Telepl	hone No. ► 503-722-3490		Fax No. ▶			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit					, check this
box 🕨	. If it is for part of the group, check this box 🕨 🔙	and atta	ch a list with the names and EINs of	all memb	ers the extension	is for.
1 I re	equest an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file	the exem	pt organization re	eturn
for	the organization named above. The extension is for the	organizati	on's return for:			
>	\overline{X} calendar year $\overline{2017}$ or					
>	tax year beginning	, an	d ending			
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
	Change in accounting period					
3a If the	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			
noi	nrefundable credits. See instructions.			3a	\$	0.
b If the	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
est	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.

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.

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

Form 8868 (Rev. 1-2017)