WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

MADISON YOUTH CHOIRS, INC. 1055 E MIFFLIN STREET MADISON, WI 53703

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 34-800 | Return of Organization Exempt From Income Tax

and ending JUN 30, 2023

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and end	ding J	UN 30, 2023	
B (Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	MADISON YOUTH CHOIRS, INC.			
	Name change Initial	Doing business as		23-73965	
	return	,	om/suite	E Telephone number	
	Final return/	1055 E MIFFLIN STREET		608-238-	
	termin- ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,027,579.
	return _Applic	MADISON, WI 55705		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer. DIMM IEEEDED		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527		list. See instructions
_	Nebsit		I	H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other Summary	L Year o	of formation: 19/2 N	■ State of legal domicile: WI
		Briefly describe the organization's mission or most significant activities: TO INS	DTDF	ערווים אידים	A CHORAT.
e	1	EXPERIENCE THAT FOSTERS CREATIVITY, REFLECT			
au	2	Check this box if the organization discontinued its operations or disposed			
/er	3			1 1	10
<u> 6</u>	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			10
જ	4				24
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	, b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		Contributions and grants (Dart VIII line 1b)		351,711.	503,460.
ne	1	Contributions and grants (Part VIII, line 1h)		173,412.	313,587.
Revenue	1	Program service revenue (Part VIII, line 2g)		2,083.	9,753.
Be	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,003.	1,902.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		527,206.	828,702.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,000.	53,005.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		394,172.	450,236.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ë	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 70,774		0.	0.
Ä	_D		_	92,674.	144,093.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		487,846.	647,334.
		Revenue less expenses. Subtract line 18 from line 12		39,360.	181,368.
<		nevertue less experises. Subtract line 16 from line 12	Red	ginning of Current Year	End of Year
ts or	20	Total assets (Part X, line 16)		789,636.	963,726.
Net Assets (21			50,893.	41,567.
let/	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		738,743.	922,159.
	art II	Signature Block		750,745.	J22,133•
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the hest of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		-	knowledge and boller, it is
ii do	, 001100	gand complete books and or property (early than onloss) to become an an information of finite	propuror	The any line wie age.	
Sig	n	Signature of officer		Date	
Her		LYNN HEMBEL, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	i	JASON STEPHENS, CPA JASON STEPHENS, CI	PA 0	5/09/24 if self-employ	
	arer	Firm's name WEGNER CPAS LLP			9-0974031
-	Only	Firm's address 2921 LANDMARK PL STE 300		THITI SEIN S	
233		MADISON, WI 53713-4236		Phone no. (6	08) 274-4020
May	/ the IF	S discuss this return with the preparer shown above? See instructions		11 110110 1101 (0	X Yes No
		1 -p			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MADISON YOUTH CHOIRS INSPIRES YOUTH WITH A CHORAL EXPERIENCE THAT
	FOSTERS CREATIVITY, REFLECTION, AND THE EXPLORATION OF IDEAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 410,871. including grants of \$ 53,005.) (Revenue \$ 287,397.)
	TUITION BASED EDUCATIONAL PROGRAMMING - MYC IS DEDICATED TO CREATING
	MEANINGFUL EDUCATIONAL EXPERIENCES FOR ITS SINGERS SO THAT THEY GAIN A
	DEEPER PERSONAL CONNECTION TO MUSIC THAT WILL ENHANCE THEIR ENTIRE
	LIVES. MYC ACHIEVES THIS THROUGH WEEKLY REHEARSALS, RETREATS, SPECIAL
	PROJECTS, AND GUEST ARTISTS. MYC SERVES CHILDREN AGES 7-18 IN ELEVEN
	DIFFERENT CHOIRS, EACH DESIGNED TO ADDRESS THE SOCIAL AND MUSICAL
	DEVELOPMENT OF EACH PARTICIPANT. IN ADDITION, MYC OFFERS REGIONAL AND
	INTERNATIONAL TOURING OPPORTUNITIES TO BROADEN SINGERS' CULTURAL AND
	MUSICAL EXPERIENCES.
41.	(Code:) (Expenses \$ 79,630 • including grants of \$ 0 •) (Revenue \$ 26,190 •)
4b	(Code:) (Expenses \$79,630. including grants of \$0.) (Revenue \$26,190.) (Revenue \$26,190.) (Revenue \$26,190.)
	ADDITION TO PRODUCING TWO PUBLIC CONCERT SERIES EACH YEAR, MYC
	COLLABORATES REGULARLY WITH PROFESSIONAL ARTS ORGANIZATIONS INCLUDING
	MADISON OPERA, MADISON SYMPHONY ORCHESTRA, WISCONSIN CHAMBER ORCHESTRA,
	AND MADISON CHORAL PROJECT, AMONG OTHERS. IN ADDITION, MYC IS OFTEN
	ASKED TO PERFORM AT SPECIAL EVENTS THROUGHOUT THE COMMUNITY.
	TIDALD TO THAT OUT AT DETERM EVENTS THROUGHOUT THE COMMONTAL.
4c	(Code:) (Expenses \$ 45 , 242 • including grants of \$ 0 •) (Revenue \$)
	COMMUNITY EDUCATION - MYC IS COMMITTED TO INVESTING IN AND SUPPORTING
	THE MUSIC EDUCATION ECOSYSTEM OF MADISON AND THE WIDER REGION WHILE
	INSPIRING THE BROADER COMMUNITY TO PARTICIPATE IN AND ENJOY CHORAL
	MUSIC. COMMUNITY EDUCATION PROGRAMS INCLUDE PROFESSIONAL DEVELOPMENT
	OPPORTUNITIES FOR MUSIC EDUCATORS, FACILITATION OF PROFESSIONAL
	COLLABORATIONS AROUND EXPANDING TEACHER TOOLKITS, AND BIG SING EVENTS
	FOR THE PUBLIC HIGHLIGHTING DIVERSE CULTURE-BEARERS AND FEATURING THEIR
	SONGS AND STORIES.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 535,743.
	Form 990 (2022)

Form 990 (2022) MADISON YOUTH CHOIRS, INC. 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
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 Rev. Proc. 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	۰		
Ū	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
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		<u> </u>
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
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		x
	Government on the transposition (1) in the transposition of the transpos			

Form 990 (2022) MADISON YOUTH CHOIRS, INC.

Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	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	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
000==	(gambling) winnings to prize winners?	l 1c	990	(2020)
232004	¥ 12-13-22	rom		(2022)

022) MADISON YOUTH CHOIRS, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
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 24							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
За	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 on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			37				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х				
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		Λ				
d		7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X				
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9								
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b							
с 14а	Did the apprinction provides any provided by indeed to prince during the territory	14a		Х				
		14b		- 21				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	i-fu						
.0	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10									
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, 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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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 appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
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 reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	inio ossion 2 registro memaron asset periodo no registro e y silo monta residia de coo,		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 chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	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 on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	,								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
.5	statements available to the public during the tax year.	idi il								
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	LYNN HEMBEL - 608-238-7464									
	1055 E MIFFLIN STREET, MADISON, WI 53703									

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per		, unle					compensation	compensation	amount of
	week (list any	_						from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tri		loyee	ompic e		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL ROSS	40.00	드	드	6	ž	王吉	7.			
ARTISTIC DIRECTOR				х				82,473.	0.	0.
(2) LYNN HEMBEL	40.00									
EXECUTIVE DIRECTOR				Х				82,473.	0.	0.
(3) TEAGUE MAWER	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) JENNIFER LATTIS	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) DAVID SCHMIEDICKE	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) MICHELLE KRUSE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) LAURIE FELLENZ	2.00									
IMMEDIATE PAST PRESIDENT		X		Х				0.	0.	0.
(8) MATTHEW CLAYTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAN LYONS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) EVA MARLEY	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) ARVINA MARTIN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) WENDY WEILER	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		1								
		$\frac{1}{1}$								
										- 000 (acce)

Form 990 (2022)

	t VII Section A. Officers, Directors, Trus		,				gnes	i C	ompensated Employee	<u> (continueu)</u>				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi neck i			ne	Reportable	Reportable		Est	imate	b
		hours per	box	, unles	ss per	son i	s both	an	compensation compensation			amo	ount c	f
		week		cer an	d a di	recto	r/trus	tee)	from	from related		C	ther	
		(list any	ector						the	organizations		comp	ensat	ion
		hours for	or dir	a l			ted		organization	(W-2/1099-MIS	C/	fro	m the	
		related	stee (ruste			seusa		(W-2/1099-MISC/	1099-NEC)		•	nizati	
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				relate	
		below line)	lividu	tituti	Officer	em b	ploye	Former				orgar	nizatio	ns
		iii ie)	i i	lus	JJ0	Ke	를 등 등 등	요						
			-											
			ŀ											
			•											
1b	Subtotal								164,946.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								164,946.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
	compensation from the organization						•		•	·				0
	<u> </u>											,	Yes	No
3	Did the organization list any former officer,	director trust	ا مد	'AV A	mnl	01/0	o or	hia	hest compensated empl	ovee on	ſ			
3														х
_	line 1a? If "Yes," complete Schedule J for s										····	3		
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual			4		Х
5	Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .					5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fror	n	
-	the organization. Report compensation for	· ·	-							· · · · · · · · · · · · · · · · · · ·				
	(A)	ine calcinaar y	Jui C	i idii	9 **	1011	71 VVI	<u> </u>	(B)	Sui.		(C)		
	Name and business	address	NIC	ONE	7				Description of s	ervices	C	ompen	ı sation	
	Name and business	addicoo	11/)IN E				-	Description of s	CIVIOCO		ompon	Jatioi	
								_						
								- 1						
								+						
2	Total number of independent contractors (in													

Form **990** (2022)

Form 990 (2022) MADISON
Part VIII Statement of Revenue

			Check if Schedule O co	ntains	a resnons	e or note to any lin	ne in this Part VIII			
			Check ii Concadio C Co	TITUITIO	и гоороно	or note to any in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(0, (0	_	_	Federated campaigns		1a					00011011010112
Contributions, Gifts, Grants and Other Similar Amounts	'						_			
جَجْ جَا							-			
Fts,			Fundraising events				-			
ig ig						9,000.	-			
Sir			Government grants (contrib All other contributions, gifts, gr			3,000.	-			
e E		'	similar amounts not included a			494,460.				
Ę.		_				198,877.	-			
no D		-	Noncash contributions included in lin	es 1a-1f	1g \$	130,077.	503,460.			
Oe		n	Total. Add lines 1a-1f			Business Code	303,400.			
_	_	_	PROGRAM FEES			611610	248,280.	248,280.		
ice	2	_	TOUR FEES			711130	39,117.	39,117.		
er ne		b	CONCERTS AND APPEARAN	ICEC		711130	26,190.	26,190.		
m S		٠.	-			711130	20,150.	20,130.		
gra Re		d								
Program Service Revenue		e f	All other program service re							
_							313,587.			
	3		Total. Add lines 2a-2f Investment income (including)				313,307.			
	3						7,024.			7,024.
	4		Income from investment of	tav.av	ampt hond	nroceeds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5		Royalties		•	•				
	3		Tioyanies	<u> </u>	(i) Real	(ii) Personal				
	6	2	Gross rents	6a —	(1) 1.1041	()	-			
				6b			-			
				6c			-			
			Net rental income or (loss)	00						
			Gross amount from sales of	(i)	Securities	(ii) Other				
	•	u		7a 📉	201,606	``'	-			
		h	Less: cost or other basis	, a			-			
<u>o</u>		~		7b	198,877					
her Revenue		c		7c	2,729					
ě.			Net gain or (loss)				2,729.			2,729.
P.			Gross income from fundraising				,			,
₽	·	_	including \$		·					
			contributions reported on lin							
			Part IV, line 18		I	а				
		b	Less: direct expenses			b				
			Net income or (loss) from fu							
			Gross income from gaming							
			Part IV, line 19		I	а				
		b	Less: direct expenses			b				
			Net income or (loss) from ga							
	10	а	Gross sales of inventory, les	ss retu	rns					
			and allowances		10	Da				
		b	Less: cost of goods sold)b				
		С	Net income or (loss) from sa	ales of	inventory					
						Business Code				
o a	11	а								
ane		b								
Sell		С								
Miscellaneous Revenue		d	All other revenue			900099	1,902.			1,902.
		е	Total. Add lines 11a-11d .				1,902.			
	12		Total revenue. See instructions	s			828,702.	313,587.	0.	11,655.

Sectio	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response	e or note to any line in t (A)	this Part IX(B)	(C)	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	F2 00F	E2 22E		
	individuals. See Part IV, line 22	53,005.	53,005.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	160 250	445 205	10 605	0 44.0
	trustees, and key employees	168,350.	147,307.	12,625.	8,418
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	212 212			
7	Other salaries and wages	248,040.	195,222.	3,655.	49,163
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,643.	1,300.	29.	314
0	Payroll taxes	32,203.	26,487.	1,256.	4,460
1	Fees for services (nonemployees):				
а	Management				
b	Legal	186.		186.	
	Accounting	5,400.		5,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	7,894.	488.	7,406.	
	Advertising and promotion	7,894. 2,050.	2,050.		
3	Office expenses	13,548.	7,348.	5,037.	1,163
	Information technology				
	Royalties				
	Occupancy	45,106.	37,099.	1,760.	6,247
	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,167.	344.	823.	
	Interest	-			
	Payments to affiliates				
	Depreciation, depletion, and amortization	956.	787.	37.	132
	Insurance	6,335.	5,211.	247.	877
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PRODUCTION	28,478.	28,478.	0.	C
	TOURS	23,969.	23,969.	0.	C
	ARTISTIC	6,498.	6,498.	0.	(
d	BAD DEBTS	1,242.	0.	1,242.	(
е	All other expenses	1,264.	150.	1,114.	
.5	Total functional expenses. Add lines 1 through 24e	647,334.	535,743.	40,817.	70,774
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2022)

Check here [

Fai	IL A	Balance Sheet					
		Check if Schedule O contains a response or I	note to any	line in this Part X	(A) Beginning of year		(B) End of year
	Π.						<u>-</u>
	1	Cash - non-interest-bearing			283,352.	1	59,773.
	2	Savings and temporary cash investments		ı	186,783.	2	553,393.
	3	Pledges and grants receivable, net			1,622.	3	0.
	4	Accounts receivable, net			41,822.	4	23,937.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su		· ·			
		controlled entity or family member of any of the	•			5	
	6	Loans and other receivables from other disqu	•	,			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net		ı		7	
Assets	8	Inventories for sale or use				8	0 110
⋖	9	Prepaid expenses and deferred charges			0.	9	9,443.
	10a	Land, buildings, and equipment: cost or othe		110 202			
		basis. Complete Part VI of Schedule D		118,383.	4 04 5		40.000
	b	Less: accumulated depreciation		78,306.	4,917.	10c	40,077.
	11	Investments - publicly traded securities			0.	11	3,569.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets	0.54 440	14			
	15	Other assets. See Part IV, line 11			271,140.	15	273,534.
	16	Total assets. Add lines 1 through 15 (must e			789,636.	16	963,726.
	17	Accounts payable and accrued expenses		3,783.	17	5,328.	
	18	Grants payable	17.440	18	06.554		
	19	Deferred revenue		ı	47,110.	19	26,551.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of the	ons		22		
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X	•		
		of Schedule D			0.	25	9,688.
	26	Total liabilities. Add lines 17 through 25			50,893.	26	41,567.
		Organizations that follow FASB ASC 958, or	heck here	· X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				738,743.	27	887,459.
Ва	28	Net assets with donor restrictions		<u></u>	0.	28	34,700.
ΡĽ		Organizations that do not follow FASB ASC	958, che	ck here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
set	30	Paid-in or capital surplus, or land, building, or	nt fund		30		
As	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances			738,743.	32	922,159.
	33	Total liabilities and net assets/fund balances			789,636.	33	963,726.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2	64	7,3	34.		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	8,7	43.		
5	Net unrealized gains (losses) on investments	5		-3	46.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,3	94.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	92	2,1	59.		
Pa	rt 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 on Schedule	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	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 separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3b				
			Form	990	(2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

INC.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MADISON YOUTH CHOIRS

Employer identification number 23-7396580

Pa	art I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	H	A medical research organization					•	the hospital's name	
7	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	iii Scotio	11 17 0(D)(1)(A)(III). Entor	the hoopital o hame,	
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general ¡	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported or	-					Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b) <u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
C	;		-				• •	ed with,	
		its supported organization							
C	ı		integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)	
		that is not functionally int	-		•		•	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	• L	Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
f	Ent	er the number of supported o	organizations						
		vide the following informatior (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
		organization	(11) E114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)	
		organization		above (see instructions))	Yes	No	capport (coo mondentino)	capport (coe mondenone)	
_									
Tota	al						<u> </u>		

(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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	198,203.	228,487.	464,250.	351,711.	503,460.	1746111.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	198,203.	228,487.	464,250.	351,711.	503,460.	1746111.	
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)						471,697.	
6	Public support. Subtract line 5 from line 4.						1274414.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	198,203.	228,487.	464,250.	351,711.	503,460.	1746111.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	622.	510.	131.	2,083.	7,024.	10,370.	
9	Net income from unrelated business				-	-	-	
	activities, whether or not the							
	business is regularly carried on	9,065.	11,619.	102.	0.	0.	20,786.	
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						1777267.	
	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,189,624.	
	First 5 years. If the Form 990 is for the					<u> </u>		
	organization, check this box and stop							
Se	ction C. Computation of Publi							
14	Public support percentage for 2022 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	71.71 %	
15	Public support percentage from 2021	Schedule A, Part	I, line 14			15	78.12 %	
	33 1/3% support test - 2022. If the					ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-		
b	10% -facts-and-circumstances test	-	•	*	-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization						·	
_	Schadula A (Form 990) 2022							

232022 12-09-22

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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	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					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
_	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
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10b		
ule A (Forr	n 990)	2022

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	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	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
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 governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
-	instructions).	, 3. 2.00	71	, , , , , , , , , , , , , , , , , , ,

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** MADISON YOUTH CHOIRS 23-7396580 INC. 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** 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 X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MADISON YOUTH CHOIRS, INC.

23-7396580

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
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$198,877.	Person X Payroll Noncash X (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.)

Name of organization Employer identification number

MADISON YOUTH CHOIRS, INC.

23-7396580

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED SECURITIES	\$198,877.	04/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadada D (Faura 200) (2000)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** MADISON YOUTH CHOIRS, INC. 23-7396580 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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 Inspection

Name of the organization

MADISON YOUTH CHOIRS, INC.

Employer identification number 23-7396580

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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Schedule D (Form 990) 2022

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

		YOUTH CHOI		oouroo or Oth	or Cimil	23-13			age ∠
_							(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):	_	<u> </u>						
а	Public exhibition	d		nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Part	XIII.		
5	During the year, did the organization solicit or		•				٦.,		٦
Do	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Yes" (on Form 99	00, Part IV, I	ine 9, or		
та	Is the organization an agent, trustee, custodia						7		٦
	on Form 990, Part X?						Yes		No
р	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				Amoun	+	
_	Designing belows				4-		Amoun		
C	Beginning balance								
a	Additions during the year								
•	Distributions during the year								
20	Ending balance						Yes		No
	If "Yes," explain the arrangement in Part XIII.						_ 1es		
	t V Endowment Funds. Complete if								
	Complete	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r vears	back
1a	Beginning of year balance	271,140.	292,167.	241,748		256,680.	()		653.
b	Contributions	, -	, -	,		,			
c	Net investment earnings, gains, and losses	16,671.	-6,796.	64,317	14,563.				845.
d	Grants or scholarships	,	•	,		,			
e	Other expenditures for facilities								
_	and programs	11,258.	10,913.	10,227					
f	Administrative expenses	3,019.	3,318.	3,671		369.		2,	818.
g	End of year balance	273,534.	271,140.	292,167		241,748.		256,	680.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	%						
b	Permanent endowment • 0000	%	_						
С	Term endowment • 0000 g	 %							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organization	tion that are held an	d administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumula	ted	(d) Boo	k valu	е
		basis (investm	nent) basis	other) c	depreciatio	n			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		11	8,383.	78,3	306.	4	0,0	77.
		1	ı	ı		ı			

Schedule D (Form 990) 2022

40,077.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D	(Form 990) 2022 MADISON YOU	TH CHOIRS, IN	C.	23-7396580 Page 3
	Investments - Other Securities.	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
1) Financi	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	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 of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h) must equal Form 000 Port V and (D) line 12.)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	-	Description	,	(b) Book value
(1) BE	NEFICIAL INTEREST IN ASS		MADISON COMMUNITY	
	OUNDATION			273,534.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				272 524
Part X	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.) </u>		<u></u> 273,534.
raitA	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 900 Part Y lin	ne 25
4	(a) Description of liability	orr orri 550, r art rv, iiric	Tre of Tri. Gee Form 350, Fait X, iii	(b) Book value
1. (1) Fed	deral income taxes			(b) Book value
	JE TO MADISON YOUTH ARTS	CENTER		
	IC.			9,688.
(4)	: -			2,2000
(5)				
(6)				
(7)				
(8)				

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

Schedule D (Form 990) 2022

9,688.

(9)

Par	T XI	Reconciliation of Revenue per Audited Financial Statement	s with Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		г г	
1	Total r	revenue, gains, and other support per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		reries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
		nes 4a and 4b		4c	
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemer		5	
Pai	rt XII		its With Expenses per F	leturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total 6	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	vear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lii	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lii	nes 4a and 4b		4c	
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	rt XIII	Supplemental Information.			
Provi	de 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; F	Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
PAF	RT V	, LINE 4:			
MAI	DISO	N YOUTH CHOIRS' BOARD OF DIRECTORS HAS I	ESIGNATED NET A	<u>SSETS WI</u>	THOUT
10C	10R :	RESTRICTIONS AS A GENERAL ENDOWMENT FUNI	TO SUPPORT THE	MISSION	OF
MAI	DISO.	N YOUTH CHOIRS, INC.			
MAI	DISO	N YOUTH CHOIRS, INC. HAS ESTABLISHED THE	REE AGENCY ENDOW	MENTS;	
IAN	DISO	N YOUTH CHOIRS ENDOWMENT FUND, CARREL PF	AY MADISON BOY	CHOIR AL	UMNI
ENI	MWOC	<u>ENT FUND, AND MADISON CHILDREN'S CHOIR I</u>	EGACY FUND, AT	MADISON	
COI	<u>MUN</u>	ITY FOUNDATION.			

Schedule D (Form 990) 2022	MADISON YOUTH	CHOIRS,	INC.	23-7396580	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	ormation (ti	•			g
Tart XIII Cappiementar IIII	(continuea)				
		· ·			
-					

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.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization MADISON Y	מוויים פטסדי	DC TNC					Employer identification number 23-7396580
Part I General Information on Grants a		NO, INC.					23-7390300
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	o substantiate the				-		
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	-					1	

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

(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
OUR GRANTS	18	33,150.	0.		
UITION AND SCHOLARSHIP GRANTS	66	18,355.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
TUITION AND TOUR GRANTS ARE APPL	IED DIRECTL	Y TO STUDE	ENTS' ACCOU	NTS BASED ON	
ELIGIBILITY REQUIREMENTS FOR STUI	DENTS. SCHO	LARSHIP GF	RANTS ARE P	AID DIRECTLY	
TO ELIGIBLE GRADUATING SENIORS.					

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 instructions and the latest information.

Employer identification number

	MADISON YOUT	H CHOI	RS, INC.			23-7	7396	580	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of d oncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	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	198,877.	FAI	R MARKET	' VA	LUE	
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								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz							_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by		• • • • •		-	that it			
	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribu	tions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					_
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

MADISON YOUTH CHOIRS, INC.

Employer identification number 23-7396580

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF IDEAS.

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

THE PREPARED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND REVIEWED

AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS

FILED WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND MANAGEMENT-LEVEL EMPLOYEES COMPLETE AND SIGN A

STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF

THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE ORGANIZATION'S

MANAGEMENT MAKES DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEWS

ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE

TRANSACTION.

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

THE INDEPENDENT MEMBERSHIP OF THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A

PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR. THE

EXECUTIVE DIRECTOR'S AND ARTISTIC DIRECTOR'S COMPENSATION ARE REVIEWED AND

COMPARED TO PUBLIC INFORMATION ABOUT COMPENSATION IN POSITIONS AT SIMILAR

ORGANIZATIONS. THE BOARD APPROVES COMPENSATION WITH AN OFFICIAL VOTE WITH

DISCUSSION AND RESULTS RECORDED IN MEETING MINUTES. THIS PROCESS LAST TOOK

PLACE IN SPRING 2023.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
MADISON YOUTH CHOIRS, INC.	23-7396580
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY	
MADISON COMMUNITY FOUNDATION	2,394.
TOTAL TO FORM 990, PART XI, LINE 9	2,394.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

MADISON YOUTH CHOIRS, INC.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

23-7396580

(a)	(b)	(c)	(d)		(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	me End-	l-of-year ass	sets	Direct contro entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it ha	ad one or n	more r	related tax-exer	mpt	
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	ations. Complete if the organization (b) Primary activity	answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch	narity section	Direct	(f) t controlling entity	Section 5	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity section	Direct	(f) t controlling	Section 5	olled
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity section	Direct	(f) t controlling	Section 5	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity section (3))	Direct	(f) t controlling	Section 5	rolled ity?
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799 1055 E MIFFLIN STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if so 501(c)(narity section (3))	Direct	(f) t controlling	Section 5	rolled ity? No
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799 1055 E MIFFLIN STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if so 501(c)(narity section (3))	Direct	(f) t controlling	Section 5	rolled ity? No
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799 1055 E MIFFLIN STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if so 501(c)(narity section (3))	Direct	(f) t controlling	Section 5	rolled ity? No
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799 1055 E MIFFLIN STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if so 501(c)(narity section (3))	Direct	(f) t controlling	Section 5	rolled ity? No
organizations during the tax year. (a) Name, address, and EIN of related organization MADISON YOUTH ARTS CENTER, INC 83-2313799 1055 E MIFFLIN STREET	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if so 501(c)(narity section (3))	Direct	(f) t controlling	Section 5	rolled ity? No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
	1										
	1										
	1										
	1										
-	1										
	1										
-	1										
							L		l		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

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Yes No

1a

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_
С	Gift, grant, or capital contribution from related organization(s)				1c		X
							X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
					1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
	i o	(/					X
							X
							X
0	Sharing of paid employees with related organization(s)				10		X
						X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
					1r	X	
					1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved		
	Tumo o Tourou o garmano.	type (a-s)	7 tillodile ilivolvod	Method of determining amount	iivoivea		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)		t, or capital contribution from related organization(s) coan guarantees to or for related organization(s) coan guarantees by related organization(s) strom related organization(s) sets to related organization(s) of assets throm related organization(s) of assets from related organization(s) of assets from related organization(s) col sassets from related organization(s) aclitities, equipment, or other assets from related organization(s) aclitities, equipment, or other assets from related organization(s) aclitities, equipment, or other assets from related organization(s) accilities, equipment, or other assets from related organization(s) accilities, equipment, or other assets with related organization(s) fracilities, equipment, mailing lists, or other assets with related organization(s) fracilities, equipment, mailing lists, or other assets with related organization(s) fracilities, equipment, mailing lists, or other assets with related organization(s) fracilities, equipment, mailing lists, or other assets with related organization(s) werent paid to related organization(s) for expenses ement paid to related organization(s) for expenses ement paid to related organization(s) for expenses ement paid by related organization(s) for expenses ement paid to related organization(s) for expenses ement paid to related organization(s) Amount involved Method of determining amount involved for expenses Transaction thresholds Amount involved Method of determining amount involved Method of det					
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000