

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pnnr or type See Specific Instructions	C Name of organization YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS, INC.		D Employer identification number 58-2079186	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 8612		E Telephone number (706) 256-3614	
		City or town, state or country, and ZIP + 4 COLUMBUS, GA 31908-8612		F Group Exemption Number	
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.YOGC.ORG

J Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

K Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 96,333.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received														54,648.																										
	2	Program service revenue including government fees and contracts														41,594.																										
	3	Membership dues and assessments																																								
	4	Investment income																																								
	5a	Gross amount from sale of assets other than inventory																																								
	5b	Less cost or other basis and sales expenses																																								
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																																								
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																																								
	6a	Gross revenue (not including \$ of contributions reported on line 1)																																								
	6b	Less direct expenses other than fundraising expenses																																								
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																									
7a	Gross sales of inventory, less returns and allowances																																									
7b	Less cost of goods sold																																									
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																									
8	Other revenue (describe INTEREST )														91.																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)														96,333.																											
Expenses	10	Grants and similar amounts paid STMT 3														6,460.																										
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits														36,523.																										
	13	Professional fees and other payments to independent contractors														13,270.																										
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5														1,178.																										
	15	Printing, publications, postage, and shipping														8,275.																										
	16	Other expenses (describe SEE STATEMENT 1 )														30,315.																										
17	Total expenses (add lines 10 through 16)														96,021.																											
18	Excess or (deficit) for the year (line 9 less line 17)														312.																											
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														35,671.																										
	20	Other changes in net assets or fund balances (attach explanation)																																								
	21	Net assets or fund balances at end of year (combine lines 18 through 20)														35,983.																										

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,821.	11,058.
23	Land and buildings		
24	Other assets (describe SEE STATEMENT 2 )	850.	27,047.
25	Total assets	35,671.	38,105.
26	Total liabilities (describe ACCOUNTS PAYABLE )	0.	2,122.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,671.	35,983.

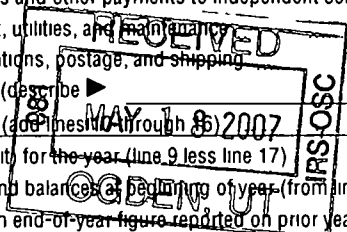
523421 02-01-06

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

Form 990-EZ (2005)

7006 3450 0001 5613 1622

SCANNED JUN 26 2007



11-010-11

**YOUTH ORCHESTRA ASSOCIATION  
OF GREATER COLUMBUS, INC.**

Form 990-EZ (2005)

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<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>SEE STATEMENT #3</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b>	<b>SEE STATEMENT #3</b>		
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>55,548.</b>
<b>29</b>			
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>55,548.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		36,523.		

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14 )		<b>Yes No</b>	
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	<b>X</b>
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	<b>X</b>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	<b>N/A</b>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )	<b>36</b>	<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b>   _____ 0.</span>		
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>	<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <span style="float:right">▶ <b>38b</b>   _____ N/A</span>		
<b>39</b>	<b>501(c)(7) organizations.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b>   _____ N/A</span>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b>   _____ N/A</span>		
<b>40a</b>	<b>501(c)(3) organizations</b> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0., section 4912 ▶ _____ 0., section 4955 ▶ _____ 0.		
<b>b</b>	<b>501(c)(3) and (4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<b>40b</b>	<b>X</b>
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____ 0.</span>		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____ 0.</span>		

Form 990-EZ (2005)

**YOUTH ORCHESTRA ASSOCIATION  
OF GREATER COLUMBUS, INC.**

Form 990-EZ (2005)

58-2079186

Page 3

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed ▶ GA
- 42a** The books are in care of ▶ CAROLYN STOREY Telephone no ▶ (706) 569-7527  
 Located at ▶ 3025 UNIVERSITY AVE. #207A, COLUMBUS, GA ZIP + 4 ▶ 31907
- b** 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)?
- |     | Yes | No |
|-----|-----|----|
| 42b |     | X  |
| 42c |     | X  |
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c** At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A

**Please Sign Here**

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

▶ *Robert L. Griffin* Signature of officer Date 5-15-07

▶ Dorothy BROWN, Executive Director Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ ROBERT L. GRIFFIN Date 5-15-07 Check if self-employed ▶  Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROBERT L. GRIFFIN, CPA, LLC  
122 ENTERPRISE COURT, SUITE D  
COLUMBUS, GA. 31904

EIN ▶ \_\_\_\_\_  
 Phone no ▶ (706) 324-3681

Form 990-EZ (2005)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **YOUTH ORCHESTRA ASSOCIATION  
OF GREATER COLUMBUS, INC.** Employer identification number  
**58 2079186**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**YOUTH ORCHESTRA ASSOCIATION**

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART IV, FM 990-EZ	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**YOUTH ORCHESTRA ASSOCIATION**

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	51,255.	43,656.	61,806.	38,656.	195,373.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35,669.	29,670.	15,619.	6,121.	87,079.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	46.	19.	376.	363.	804.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	86,970.	73,345.	77,801.	45,140.	283,256.
<b>24</b> Line 23 minus line 17	51,301.	43,675.	62,182.	39,019.	196,177.
<b>25</b> Enter 1% of line 23	870.	733.	778.	451.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					26a 3,924.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 66,460.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 196,177.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>804.</u> 19 _____ 22 _____ 26b <u>66,460.</u>					26d 67,264.
<b>e</b> Public support (line 26c minus line 26d total)					26e 128,913.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 65.7126%
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
	(2004)	(2003)	(2002)	(2001)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
	(2004)	(2003)	(2002)	(2001)	
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27e N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		





FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES	165.
DUES/MEETINGS	810.
ADVERTISING	2,011.
SHEET MUSIC	2,558.
PAYROLL TAXES	2,559.
CONCERT EXPENSE	16,087.
MISCELLANEOUS	292.
SUMMER CAMP	3,470.
LIABILITY INSURANCE	1,248.
SOFTWARE	1,115.
TOTAL TO FORM 990-EZ, LINE 16	30,315.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
A/R-THEFT LOSS	0.	26,537.
OTHER DEPRECIABLE ASSETS	850.	510.
TOTAL TO FORM 990-EZ, LINE 24	850.	27,047.

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 3

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	JULIAN STROBEL	4033 LYNN DRIVE, PHENIX CITY, AL. 36867

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	180.	180.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	RYAN GRIFFIS	1131 16TH AVE., #1, COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	EVAN SEEDS	1540 16TH AVE., COLUMBUS, GA. 31901

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	160.	160.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	STACEY EVANS	5839 BUNCHE ST., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	PHILLIP BURRESS	88 STEVEN CT., FORTSON, GA. 31808

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	200.	200.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	ISABELLE DOOLEY	6101 RIVER RD., #18, COLUMBUS, GA. 31904

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	580.	580.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	CALEB PRINGLE	6544 LEMANS, COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS, TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	375.	375.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	BETHANY WINEBRENNER	6321 WILLIAMBURG DR., COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS, TUITION, CAMP	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	475.	475.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	STEWART DONOVAN	7220 SESAME ST., COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	125.	125.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	GRACE NAGEL	1555 16TH AVE., COLUMBUS, GA. 31901

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	75.	75.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	DANIEL BURCH	5006 WATERVIEW DR., MIDLAND, GA. 31820

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	125.	125.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	ROBERT BURCH	5006 WATERVIEW DR., MIDLAND, GA. 31820

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	125.	125.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	NATHANIEL SCHMITT	5714 ARMOUR RD., COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	ANGELA TAYLOR	6517 WREN ST., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	125.	125.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	VERNA CAMPOS	6515 FAIRFAX WAY, COLUMBUS, GA. 31909

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CAMP, TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	SHARON WELBURN	2304 BRIDLE CT., PHENIX CITY, AL. 36867

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	TY DEANE	2921 HATCHER RD., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	TONYA GILMARTIN	3601 WOODLAWN AVE., COLUMBUS, GA. 31904

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	A. J. RIVERA	5389 DELRAY DR., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	AULTUMN PRYOR	3543 UKRAINE DR., COLUMBUS, GA. 31906

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	BELSHA PALMORE	2930 9TH ST., COLUMBUS, GA. 31906

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	NIA WHITE	5434 GLENVIEW DR., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, CAMP	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	275.	275.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	WAHID MUHAMMED	5 CRANSTON CT., COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	200.	200.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	BRET BLACKMON	5406 MALTESE DR., COLUMBUS, GA. 31904

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	150.	150.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	NICOLE ANTMAN	3187 FORREST RD., HOGANSVILLE, GA. 30230

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	125.	125.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	JES DAVID KEOWN	84 LEE RD. 528, PHENIX CITY, AL. 36867

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	180.	180.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	JON MARK KEOWN	84 LEE RD. 528, PHENIX CITY, AL. 36867

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	375.	375.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	KEITH HINKLEY	443 AIRPARK RD., WAVERLY HALL, GA. 31831

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	EBONY BRYANT	4538 ESTONIA, COLUMBUS, GA. 31907

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CAMP	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
STRING ORCHESTRA	HANNAH ADAMS	7211 WOODLAND HWY., WOODLAND, GA. 31836

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION	

METHOD USED TO DETERMINE BOOK VALUE  
COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	175.	175.

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
YOUTH ORCHESTRA	TONIO MEADE	2959 MACON RD., COLUMBUS, GA. 31906

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CAMP, MUSIC LESSONS	

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

510.

510.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

6,460.

FOOTNOTES

STATEMENT

4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS, INC. SPONSORS AND PROMOTES TWO YOUTH ORCHESTRAS, A STRING ORCHESTRA AND A FULL ORCHESTRA. THE ASSOCIATION PROVIDES AN OPPORTUNITY FOR QUALIFIED STUDENTS TO ENHANCE THEIR MUSICAL EDUCATION AND PERFORMANCE SKILLS. WEEKLY REHEARSALS ARE PROVIDED FOR A TOTAL OF 146 STUDENTS. THERE ARE SIX CONCERTS EACH YEAR, FOUR OF WHICH ARE FOR THE GENERAL PUBLIC AND TWO FOR MUSCOGEE COUNTY, GEORGIA SCHOOL CHILDREN.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	340.
OTHER EXPENSES	838.
TOTAL TO FORM 990-EZ, LINE 14	1,178.

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
ROBERT ANDERSON P.O. BOX 120 - COLUMBUS, GA. 31902	DIRECTOR 0.25	0.	0.	0.
TAMMY BECK 6900 HILLTOP CT. - COLUMBUS, GA. 31904	DIRECTOR 0.25	0.	0.	0.
DOTTIE BROWN 6835 TRAPPER WAY - MIDLAND, GA. 31820	EXEC. DIRECTOR 30.00	22,820.	0.	0.
SUSAN GRISTINA 1652 CARTER AVE. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
BETTY FLOURNOY 2001 COUNTRY CLUB RD. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
JILL TIGNER 991 OSWICHEE RD. - SEALE, AL. 36875	DIRECTOR 0.25	0.	0.	0.
GEORGE DEL GOBBO 2 STONEHAVEN CT. - COLUMBUS, GA. 31904	EX-OFFICIO 0.25	0.	0.	0.
MARJORIE DRURY 523 DOUBLE CHURCHES RD. - COLUMBUS, GA. 31904	VICE-PRES. 0.25	0.	0.	0.

JIM EVANS 839 COOPER AVE. - COLUMBUS, GA. 31906	DIRECTOR	0.25	0.	0.	0.
WILLIAM HORTMAN 5908 ROARING BRANCH RD. - COLUMBUS, GA. 31904	DIRECTOR	0.25	0.	0.	0.
WILLIAM P. KENDALL 4060 SEALY LANE - COLUMBUS, GA. 31907	DIRECTOR	0.25	0.	0.	0.
JOY OBEBE 6806 GAINES CREEK RD. - COLUMBUS, GA. 31904	DIRECTOR	0.25	0.	0.	0.
CHARLYN KERR 887 OAKWOOD DR. - COLUMBUS, GA. 31904	TREASURER	0.25	0.	0.	0.
CHERRY KERSEY 424 CHEYENNE RD. - COLUMBUS, GA. 31904	DIRECTOR	0.25	0.	0.	0.
JAMES D. PALMER 2041 SIGNAL RIDGE CHASE - KENNESAW, GA. 30152	EX-OFFICIO	5.00	13,703.	0.	0.
TERRY WHITAKER 2500 FOLEY DR. - COLUMBUS, GA. 31906	PRESIDENT	1.00	0.	0.	0.
JOHN PAGE 8601 GREY ROCK RD - MIDLAND, GA. 31820	DIRECTOR	0.00	0.	0.	0.
BETH PARSONS 3821 WINGATE DR - COLUMBUS, GA. 31909	DIRECTOR	0.00	0.	0.	0.
BARBARA POUND 1122 DINGLEWOOD DR - COLUMBUS, GA. 31906	DIRECTOR	0.00	0.	0.	0.
E. LOWRY REID, JR. 1612 ELMWOOD DR - COLUMBUS, GA. 31906	DIRECTOR	0.00	0.	0.	0.
LUCY SHEFTALL 2039 13TH ST. - COLUMBUS, GA. 31906	SECRETARY	0.00	0.	0.	0.

MARY SCHLEY 1615 SUMMIT DR.#9 - COLUMBUS, GA. 31906	DIRECTOR 0.00	0.	0.	0.
JIM SIGMUND 1459 GA HWY 208 - HAMILTON, GA. 31811	DIRECTOR 0.00	0.	0.	0.
CAROL VANDER GHEYNST 7144 LULLWATER RD - COLUMBUS, GA. 31904	DIRECTOR 0.00	0.	0.	0.
ROBERT WALTON, SR. 2824 CROMWELL DR. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
LYNN WHIDDON 2923 EDGEWOOD RD - COLUMBUS, GA. 31906	PAST PRESIDENT 0.25	0.	0.	0.
RONALD WIRT 4120 SAVANNAH DR - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>36,523.</u>	<u>0.</u>	<u>0.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      8  
PART III, LINE 3A

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INSTRUMENTAL MUSIC LESSON AND TUITION SCHOLARSHIPS ARE AVAILABLE ON A  
NON-DISCRIMINATORY BASIS TO ALL QUALIFIED STUDENTS BASED ON FINANCIAL NEED.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS, INC.</b>	Employer identification number <b>58-2079186</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 8612</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, GA 31908-8612</b>	

- Check type of return to be filed (File a separate application for each return):**
- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **CAROLYN STOREY**  
Telephone No. **(706) 569-7527** FAX No. **(706) 571-2293**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2007**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO COMPILE THE BOOKS AND RECORDS SO THAT A COMPLETE AND ACCURATE RETURN MAY BE FILED.**
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Robert L. Griffin** Title **CPA** Date **2-14-07**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address -** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>ROBERT L. GRIFFIN, CPA, LLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>122-D ENTERPRISE COURT</b>
	City or town, province or state, and country (including postal or ZIP code) <b>COLUMBUS, GA. 31904</b>