

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007, 2007, and ending 06-30-2008, 20

- B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
METROPOLITAN YOUTH SYMPHONY INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 244
City or town, state or country, and ZIP + 4
SOUTHFIELD, MI 480370244

D Employer identification number
38-2417617
E Telephone number
(248) 879-2435
F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify) _____

I Website: WWW.METROPOLITANYOUTHSYMPHONY.ORG
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 \$ 96,565

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	6,853
2 Program service revenue including government fees and contracts	75,446
3 Membership dues and assessments	
4 Investment income	2,111
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	11,905
7b Less cost of goods sold	8,790
7c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	3,115
8 Other revenue (describe _____)	250
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	87,775

Expenses	
10 Grants and similar amounts paid (attach schedule)	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	
13 Professional fees and other payments to independent contractors	
14 Occupancy, rent, utilities, and maintenance	37,647
15 Printing, publications, postage, and shipping	6,779
16 Other expenses (describe _____)	44,430
17 Total expenses (add lines 10 through 16)	88,856

Net Assets	
18 Excess or (deficit) for the year (line 9 less line 17)	-1,081
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)	54,731
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)	53,650

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		55,539	57,035
23 Land and buildings			
24 Other assets (describe _____)			
25 Total assets		55,539	57,035
26 Total liabilities (describe _____)		808	3,385
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		54,731	53,650

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROVIDE YOUTH ADVANCED MUSICAL EXPERIENCE			
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.			
28 TO PROVIDE MUSIC INSTRUCTION AND FORMAL CONCERT PRESENTATIONS TO EDUCATE, DEVELOP, AND PROMOTE YOUNG MUSICIANS FROM GRADES 5TH THRU 12TH THESE STUDENTS AUDITIONED AND WERE ACCEPTED BASED ON THEIR ABILITIES DURING THE 2007-2008 SEASON THE ORGANIZATION HAD 239 STUDENTS FROM THE DETROIT METROPOLITAN AREA DIVIDED IN 3 SEPARATE GROUPS EACH OF THESE GROUPS PERFORMED IN THREE CONCERTS THE FIRST CONCERT WAS HELD AT LAKE ORION HIGH SCHOOL, THE SECOND AT DETROIT OPERA HOUSE, AND THE THIRD AT MACOMB COUNTY COMMUNITY COLLEGE AUDITORIUM (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a		88,856
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a		
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a		
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		88,856

Part IV List of Officers, Directors, Trustees, and Key Employees (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 Additional Data Table				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 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	34		No
35 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			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		No
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37a		
b Did the organization file Form 1120-POL for this year?	37b		
38a 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?	38a		No
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

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

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
METROPOLITAN YOUTH SYMPHONY INC

Employer identification number

38-2417617

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				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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		

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 individual or firms. If there are none, enter "None". See page 2 for 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		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year </p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year </p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts </p>	0		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year </p>	0		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,146	18,495	10,152	8,576	45,369
16 Membership fees received	37,895	47,239	42,528	43,243	170,905
17 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	27,105	31,366	39,812	29,821	128,104
18 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	1,441	2,263	916	453	5,073
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	74,587	99,363	93,408	82,093	349,451
24 Line 23 minus line 17	47,482	67,997	53,596	52,272	221,347
25 Enter 1% of line 23	746	994	934	821	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	

27 Organizations described on line 12:

a 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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 45,369 16 _____ 170,905 17 _____ 128,104 20 _____ 0 21 _____ 0	27c	344,378
d Add Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	344,378
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f 349,451	27g	98.55 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	1.45 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)
(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?	29	
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?	30	
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)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
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	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	

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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Additional Data

Software ID:
Software Version:
EIN: 38-2417617
Name: METROPOLITAN YOUTH SYMPHONY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
DR CRAIG CORNWALL 6388 WING LAKE RD 6836 WING LAKE RD BLOOMFIELD HILLS, MI 48301	PRESIDENT 3 00	0		
TIM VANCE 20981 NORTH MILES 20981 NORTH MILES CLINTON TWP, MI 48036	VP-ADMIN 3 00	0		
JOHN THOMAS 1675 ROSEMONT 1675 ROSEMONT BERKLEY, MI 48072	VP-BUS MGR 3 00	0		
JULIANNA DAVIS 5548 WHITEHAVEN DR 5548 WHITEHAVEN DR TROY, MI 48085	VP-TREASURER 1 00	0		
ELISA BRAITHWAITE 24331 EASTWOOD 24331 EASTWOOD OAK PARK, MI 48237	VP-VOLUNTEER 1 00	0		
KATHY ZUCHNIEWICZ 45737 BRISTOL CIRCLE 45737 BRISTOL CIRCLE NOVI, MI 48377	ACCT PAY 1 00	0		
CAROL POIRIER 34021 NORTHWICK 34021 NORTHWICK FARMINGTON HILLS, MI 48331	MEMB & AUD 1 00	0		
JIN BECK 2918 SOMERSET BLVD 2918 SOMERSET BLVD TROY, MI 48084	CD PROD 1 00	0		
LOU-ANNE THOMAS 1675 ROSEMONT RD 1675 ROSEMONT BERKLEY, MI 48072	VENUE COORD 2 00	0		
KATHERINE LICHTENBERG 5584 NORMANHURST 5584 NORMANHURST WEST BLOOMFIELD, MI 48322	CONCERT MGR 3 00	0		
RUTH CHARLEVOIS 220 MONTMORENCY 220 MONTMORENCY ROCHESTER, MI 48307	CORRESP SEC 1 00	0		
MARGARET ANDREWS 4195 VALLEY FORGE 4195 VALLEY FORGE BLOOMFIELD HILLS, MI 48301	LEGAL COUNSE 1 00	0		
CLAIRE PETRAK 34041 RAMBLE HILLS 34041 RAMBLE HILLS FARMINGTON HILLS, MI 48331	MERCH/TICKET 1 00	0		
JULIET MOY 2843 SANTIA DR 2843 SANTIA DR TROY, MI 48085	MERCH/TICKET 3 00	0		
KALYN WULATIN 4986 LAKE BLUFF RD 4986 LAKE BLUFF RD WEST BLOOMFIELD, MI 48323	LIBRARIAN I 1 00	0		
CHEN ZHANG 45256 ROUNDVIEW 45256 ROUNDVIEW NOVI, MI 48375	LIBRARIAN II 1 00	0		
CHRIS GREIG 21031 EAST FARM LN CT 21031 EAST FARM LN CT NORTHVILLE, MI 48167	PROGRAMS 1 00	0		
MARIE FERNANDEZ 24370 CREEKSIDE DR 24370 CREEKSIDE DR FARMINGTON HILLS, MI 48336	PUBLICITY 1 00	0		
LORI RHODE 32743 HEARTHSTONE RD 32743 HEARTHSTONE RD FARMINGTON HILLS, MI 48334	PUBLICITY 1 00	0		
BRIAN CAMPBELL 32 RIDGE RD 32 RIDGE RD PLEASENT RIDGE, MI 48069	RECORD SEC 1 00	0		
KATHY ALBRECHT 17335 KIRKSHIRE AVE 17335 KIRKSHIRE AVE BEVERLY HILLS, MI 48025	REFRESHMENTS 3 00	0		
PAT KWARSICK 1406 GENESEE 1406 GENESEE ROYAL OAK, MI 48073	REFRESHMENTS 3 00	0		
PATTY MARSHALL 39060 KENNEDY DR 39060 KENNEDY DR FARMINGTON HILLS, MI 48331	SCHOLARSHIP 1 00	0		
GRETCHEN DITUILLO 40002 VACHON 40002 VACHON STERLING HTS, MI 48313	STRING MGR 3 00	0		
RHONDA DAVIS 40316 SANTONI 40316 SANTONI CLINTON TOWNSHIP, MI 49038	SYMPHONY MGR 3 00	0		

TY 2007 Other Expenses Schedule**Name:** METROPOLITAN YOUTH SYMPHONY INC**EIN:** 38-2417617

Description	Amount
EXPENSES	
OFFICE EXPENSES	694
MEETINGS	214
CONDUCTOR FEES	25,950
GUEST MUSICIANS	2,785
SCHOLARSHIP ADJUDICATORS	1,225
AWARDS	3,253
MUSIC	2,093
INSURANCE	1,054
LICENSES AND PERMITS	558
WEBSITE MAINTENANCE	36
OTHER EXPENSES	349
NATHAN OSTERBUR MEMORIAL SCH	4,200
SALES TAX	617
FLOWERS	251
BANK/CREDIT CARD SERVICE FEES	1,151

TY 2007 Other Liabilities Schedule

Name: METROPOLITAN YOUTH SYMPHONY INC

EIN: 38-2417617

Description	Beginning of Year Amount	End of Year Amount
NATHAN OSTERBUR MEMORIAL SCHOLARSHIP		234,567,890
FUND	808	234,567,890
PREPAID TUITION		1,085
ACCRUED EXPENSES		2,300

TY 2007 Other Revenues Schedule

Name: METROPOLITAN YOUTH SYMPHONY INC

EIN: 38-2417617

Description	Amount
OTHER REVENUE	250

TY 2007 Scholarship Award Statement

Name: METROPOLITAN YOUTH SYMPHONY INC

EIN: 38-2417617

Statement: SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO APPLY AND ARE REVIEWED BY A GROUP OF JUDGES. SCHOLARSHIPS ARE TO BE USED FOR MUSIC EDUCATION.

TY 2007 Self Dealing Statement

Name: METROPOLITAN YOUTH SYMPHONY INC

EIN: 38-2417617

Line Number	Explanation
2d	INDIVIDUALS RECEIVE REIMBURSEMENT FOR EXPENDITURES MADE ON BEHALF OF THE ORGANIZATION FOR WHICH THEY HAVE COMPLETE DOCUMENTATION OF THE AMOUNT AND PURPOSE OF THE EXPENDITURE.