

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)

OMB No 1545-1150

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS, INC. D Employer identification number: 58-2079186. E Telephone number: (706) 256-3614. 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: [X] Cash [ ] Accrual. Other (specify):

I Website: WWW.YOGC.ORG

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

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

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. \$ 93,743.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp dated MAY 26 2009. Revenue total: 93,671. Expenses total: 95,994. Net assets at end of year: 21,385.

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 60 of the instructions)

Table with 27 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 24,998. Total liabilities: 1,290. Net assets: 23,708.

723421 12-27-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2007)

SCANNED JUL 07 2009

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

Form 990-EZ (2007)

58-2079186 Page 2

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 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 #4</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 SEE STATEMENT #4</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a 67,881.</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 Other program services (attach schedule)</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses.</b> Add lines 28a through 31a	<b>32 67,881.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 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		42,366.		

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V )	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>	X
<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>	X
<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>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<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>	X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	N/A
<b>39</b> 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	N/A

Form 990-EZ (2007)

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

Form 990-EZ (2007)

58-2079186

Page 3

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.

**b** 501(c)(3) and (4) organizations. 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

	Yes	No
<b>40b</b>		X
<b>40e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

**d** Enter amount of tax on line 40c reimbursed by the organization 0.

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**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
<b>42b</b>		X
<b>42c</b>		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

**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.

Dottie Brown Signature of officer Date 5-13-09

Dottie Brown, Executive Director Type or print name and title

**Paid Preparer's Use Only** Preparer's signature ROBERT L. GRIFFIN Date 5-12-09 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) ROBERT L. GRIFFIN, CPA, LLC EIN \_\_\_\_\_

address, and ZIP + 4 122 ENTERPRISE COURT, SUITE D Phone no (706) 324-3681

COLUMBUS, GA. 31904

Form 990-EZ (2007)

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

Department of the Treasury  
Internal Revenue Service

**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**

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 ► \$ _____ \$ _____ (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	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 ) SEE STATEMENT 8	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ►		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		0.
f	Enter the total number of separate funds or accounts owned at the end of the 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 ►		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	49,866.	54,648.	51,255.	43,656.	199,425.
16 Membership fees received					
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	37,607.	41,594.	35,669.	29,670.	144,540.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	718.	91.	46.	19.	874.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	88,191.	96,333.	86,970.	73,345.	344,839.
24 Line 23 minus line 17	50,584.	54,739.	51,301.	43,675.	200,299.
25 Enter 1% of line 23	882.	963.	870.	733.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 4,006.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 59,363.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 200,299.
d Add Amounts from column (e) for lines 18 <u>874.</u> 19 _____ 22 _____ 26b <u>59,363.</u>					26d 60,237.
e Public support (line 26c minus line 26d total)					26e 140,062.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 69.9265%
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	N/A				
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				
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

NONE

**YOUTH ORCHESTRA ASSOCIATION**

**Part V Private School Questionnaire** (See page 9 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 )		
<hr/>			
<hr/>			
<hr/>			
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 )		
<hr/>			
<hr/>			
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 )		
<hr/>			
<hr/>			
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		

**YOUTH ORCHESTRA ASSOCIATION**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions )

N/A

(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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	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	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions )

N/A

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	Yes	No	Amount
	<b>a</b> Volunteers		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

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



FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES/CREDIT CARD FEES	161.
DUES/MEETINGS	180.
ADVERTISING	1,347.
SHEET MUSIC	2,533.
PAYROLL TAXES	3,255.
CONCERT EXPENSE	7,787.
MISCELLANEOUS	15.
SUMMER CAMP	1,485.
LIABILITY INSURANCE	1,418.
SOFTWARE/WEBSITE	272.
PARENTS ORGANIZATION	1,746.
PARKING	300.
TRAVEL	2,110.
BOARD DEVELOPMENT	595.
CONTINUING EDUCATION	180.
TOTAL TO FORM 990-EZ, LINE 16	23,384.

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

JAMARE WILLIAMS

DONEE'S ADDRESS

5974 NASSAU CIRCLE  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

330.

330.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

NICOLE ANTHONY

DONEE'S ADDRESS

6132 CROSSBOW DR.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, CAMP, MUSIC LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

630.

630.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

JASMINE SWINT

DONEE'S ADDRESS

6109 CHARING DR.  
COLUMBUS, GA. 31909

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

SUMMER CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

25.

25.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

JARRED SPRATLING

DONEE'S ADDRESS

867 ARLINGTON DR.  
COLUMBUS, GA. 31904

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

100.

100.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

JOSEPH BUFFIN

DONEE'S ADDRESS

4530 SCOTT ST.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

100.

100.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

ISABELLE DOOLEY

DONEE'S ADDRESS

6101 RIVER RD., #18  
COLUMBUS, GA. 31904

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

MUSIC LESSONS, CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

575.

575.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

AMANDA REDWINE

DONEE'S ADDRESS

4437 LANGDON ST.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

MUSIC LESSONS, TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

580.

580.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

BETHANY WINEBRENNER

DONEE'S ADDRESS

6321 WILLIAMBURG DR.  
COLUMBUS, GA. 31909

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

375.

375.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

ABBY COPELAND

DONEE'S ADDRESS

6824 FLATSTONE CT.  
COLUMBUS, GA. 31909

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

200.

200.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

GILL IRVIN

DONEE'S ADDRESS

7141 W WYNFIELD LOOP  
MIDLAND, GA. 31820

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

100.

100.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

KIRK VONHILSHEIMER

DONEE'S ADDRESS

7245 STILLWATER DR.  
COLUMBUS, GA. 31904

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

200.

200.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

CORAINE TATE

DONEE'S ADDRESS

8220 ROCKBRIDGE CT.  
COLUMBUS, GA. 31904

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

100.

100.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

CHRIS WILSON

DONEE'S ADDRESS

231 MCCARTHA DR.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, MUSIC LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

400.

AMOUNT GIVEN

400.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

MARK LOKKESMOE

DONEE'S ADDRESS

4035 SEARS RD.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

200.

AMOUNT GIVEN

200.

CLASS OF ACTIVITY

YOUTH ORCHESTRA

DONEE'S NAME

LYDIA DAVENPORT

DONEE'S ADDRESS

3520 MALATCHE DR.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PRIVATE LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

280.

280.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

SUMI MARION

DONEE'S ADDRESS

1216 BRIARWOOD AVE.  
COLUMBUS, GA. 31906

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, CAMP, LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

600.

600.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

YUJIN KWON

DONEE'S ADDRESS

327 DENSON DR.  
AUBURN, AL 36830

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PRIVATE LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

200.

200.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

YENA KWON

DONEE'S ADDRESS

327 DENSON DR.  
AUBURN, AL 36830

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PRIVATE LESSONS

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

200.

200.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

HANNAH ADAMS

DONEE'S ADDRESS

7211 WOODLAND HWY.  
WOODLAND, GA. 31836

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

350.

350.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

EBONY BRYANT

DONEE'S ADDRESS

4538 ESTONIA ST.  
COLUMBUS, GA. 31907

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

MUSIC LESSONS, CAMP, TUITION

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

655.

655.

CLASS OF ACTIVITY

STRING ORCHESTRA

DONEE'S NAME

BELSHA PALMORE

DONEE'S ADDRESS

2930 9TH ST.  
COLUMBUS, GA. 31906

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

TUITION, SUMMER CAMP

DATE OF GIFT

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

COST

BOOK VALUE

AMOUNT GIVEN

300.

300.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

6,500.

FORM 990-EZ

SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

STATEMENT 3

DESCRIPTION OF FUNDRAISING EVENTS

GROSS RECEIPTS

CONTRIBUT. INCLUDED

GROSS REVENUE

DIRECT EXPENSES

NET INCOME OR (LOSS)

HOLIDAY CARDS  
RAFFLE

640.  
4,438.

640.  
4,438.

72.

568.  
4,438.

TO FORM 990-EZ, LINE 6

5,078.

5,078.

72.

5,006.

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 116 STUDENTS. THERE ARE FIVE CONCERTS EACH YEAR, THREE 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		497.	
OTHER EXPENSES		845.	
TOTAL TO FORM 990-EZ, LINE 14		1,342.	

FORM 990-EZ	PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN	EXPENSE ACCOUNT
JERRY BIERLY 7 PORCHESTER CT. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.	0.
TAMMY BECK 6900 HILLTOP CT. - COLUMBUS, GA. 31904	DIRECTOR 0.25	0.	0.	0.	0.
DOTTIE BROWN 6835 TRAPPER WAY - MIDLAND, GA. 31820	EXEC. DIRECTOR 30.00	29,333.	0.	0.	0.
SUSAN GRISTINA 1652 CARTER AVE. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.	0.
VIRGINIA ANTHONY 2015 SPRINGDALE DR. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.	0.
JILL TIGNER 991 OSWICHEE RD. - SEALE, AL. 36875	DIRECTOR 0.25	0.	0.	0.	0.
GEORGE DEL GOBBO 2 STONEHAVEN CT. - COLUMBUS, GA. 31904	ARTISTIC DIRECTOR 0.25	0.	0.	0.	0.
DAWNA DEMSTER 5508 HEARN RD. - ELLENWOOD, GA. 30294	CONDUCTER 3.00	5,158.	0.	0.	0.

YOUTH ORCHESTRA ASSOCIATION OF GREATER C

58-2079186

JIM EVANS 839 COOPER AVE. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
CY DIETRICH 4902 SHENANDOAH DR. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
JUANITA BOOKER 77 HUMPHREY DR. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
BILL FRY 6806 ELLIS DR. - COLUMBUS, GA. 31904	DIRECTOR 0.25	0.	0.	0.
CHARLYN KERR 887 OAKWOOD DR. - COLUMBUS, GA. 31904	DIRECTOR 0.25	0.	0.	0.
CHERRY KERSEY 424 CHEYENNE RD. - COLUMBUS, GA. 31904	DIRECTOR 0.25	0.	0.	0.
MIKE MILLIGAN 1814 STARK AVE. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
TERRY WHITAKER 2500 FOLEY DR. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
JOHN PAGE 8601 GREY ROCK RD - MIDLAND, GA. 31820	DIRECTOR 0.25	0.	0.	0.
BETH PARSONS 1321 10TH ST. #4 - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
BARBARA POUND 1122 EAST DINGLEWOOD DR. - COLUMBUS, GA. 31906	SECRETARY 0.25	0.	0.	0.
E. LOWRY REID, JR. 1612 ELMWOOD DR - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
LUCY SHEFTALL 2039 13TH ST. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.

YOUTH ORCHESTRA ASSOCIATION OF GREATER C

58-2079186

MARY SCHLEY 1615 SUMMIT DR.#9 - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
JILAINÉ JARVIS 6921 FIELDSTONE CT. - COLUMBUS, GA. 31907	CONDUCTOR 3.00	7,875.	0.	0.
JUDITH NAIL 3279 FLINT DR. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
NANCY STEPHENS 7609 GRAND RIDGE RD. - COLUMBUS, GA. 31907	PRESIDENT 1.00	0.	0.	0.
LYNN WHIDDON 2923 EDGEWOOD RD - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
RONALD WIRT 4120 SAVANNAH DR - COLUMBUS, GA. 31907	TREASURER 0.25	0.	0.	0.
JAMES WOODALL 3436 TOMAHAWK DR. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
CORRIN RILEY 2015 OAK AVE. - COLUMBUS, GA. 31906	DIRECTOR 0.25	0.	0.	0.
CALISTA SPRAGUE 2936 17TH AVE. - COLUMBUS, GA. 31901	DIRECTOR 0.25	0.	0.	0.
STEPHANIA WILSON 635 WONDERING CT. - COLUMBUS, GA. 31907	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		42,366.	0.	0.

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</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
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, 2009**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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.	8a	\$
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.	8b	\$
c	<b>Balance Due.</b> 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.	8c	\$ <b>N/A</b>

**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. Giffin** Title **CPA**      Date **2-11-09**