

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

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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:

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 8612

Room/suite:

City or town, state or country, and ZIP + 4: COLUMBUS, GA 31908-8612

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.YOOG.ORG

J Organization type (check only one): 501(c)(3), 4947(a)(1), 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 82,990.

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

1	Contributions, gifts, grants, and similar amounts received		1	62,047.
2	Program service revenue including government fees and contracts		2	15,228.
3	Membership dues and assessments		3	
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	5,550.	
b	Less direct expenses other than fundraising expenses	6b	793.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,757.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe: INTEREST)	8	165.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	82,197.	
10	Grants and similar amounts paid (attach schedule) STMT 4	10	4,090.	
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12	45,376.	
13	Professional fees and other payments to independent contractors	13	7,530.	
14	Occupancy, rent, utilities, and maintenance	14	977.	
15	Printing, publications, postage, and shipping	15	8,156.	
16	Other expenses (describe: SEE STATEMENT 1)	16	21,170.	
17	Total expenses. Add lines 10 through 16	17	87,299.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,102.>	
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)	19	21,385.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,283.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,989.	16,735.
23 Land and buildings		
24 Other assets (describe: OTHER DEPRECIABLE ASSETS)	491.	164.
25 Total assets	22,480.	16,899.
26 Total liabilities (describe: PAYROLL TAXES PAYABLE)	1,095.	616.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,385.	16,283.

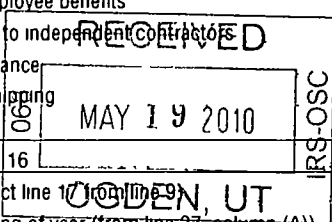
832171 12-17-08

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

Form 990-EZ (2008)

Handwritten marks: 21, GS, and a circular stamp.

SCANNED JUN 28 2010 Revenue Expenses Net Assets 2990 2225 0000 DEPT 8002



YOUTH ORCHESTRA ASSOCIATION

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
b	Section 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X

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

		Yes	No
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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

YOUTH ORCHESTRA ASSOCIATION

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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
Dottie Brown, Executive Director
 Type or print name and title

Date 5/14/10

Paid Preparer's Use Only

Preparer's signature ▶ **ROBERT L. GRIFFIN** Date 5-14-10 Check if self-employed

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

Preparer's Identifying Number (See instr) ▶ **(706) 324-3681**

EIN ▶ _____
 Phone no ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

YOUTH ORCHESTRA ASSOCIATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,255.	54,648.	49,866.	65,862.	62,047.	283,678.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	51,255.	54,648.	49,866.	65,862.	62,047.	283,678.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						83,026.
6 Public Support. Subtract line 5 from line 4						200,652.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	51,255.	54,648.	49,866.	65,862.	62,047.	283,678.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46.	91.	718.	518.	165.	1,538.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						285,216.
12 Gross receipts from related activities, etc. (see instructions)					12	157,389.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	70.35	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.93	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK CHARGES/CREDIT CARD FEES		99.	
DUES/LICENSES		180.	
ADVERTISING		1,088.	
SHEET MUSIC		3,913.	
PAYROLL TAXES		3,466.	
CONCERT EXPENSE		8,149.	
MISCELLANEOUS		65.	
SUMMER CAMP		117.	
LIABILITY INSURANCE		1,418.	
SOFTWARE/WEBSITE		378.	
PARENTS ORGANIZATION		938.	
PARKING		300.	
TRAVEL		113.	
BOARD DEVELOPMENT		946.	
TOTAL TO FORM 990-EZ, LINE 16		21,170.	

	FOOTNOTES	STATEMENT	2
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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 86 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	3
DESCRIPTION		AMOUNT	
DEPRECIATION		327.	
OTHER EXPENSES		650.	
TOTAL TO FORM 990-EZ, LINE 14		977.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
YOUTH ORCHESTRA JAMARE WILLIAMS 5974 NASSAU CIRCLE COLUMBUS, GA. 31907	NONE	200.	
YOUTH ORCHESTRA ALEXANDER ASANTE 4532 HEDINGHAM LANE COLUMBUS, GA. 31907	NONE	340.	
STRING ORCHESTRA JABEZ BEAZER 3215 O'NEIL ST. COLUMBUS, GA. 31906	NONE	100.	
YOUTH ORCHESTRA WALTER PALMORE 1035 LAWYERS LANE COLUMBUS, GA. 31906	NONE	100.	
STRING ORCHESTRA DION CAPERS 5385 CHATHAM WOODS CT. COLUMBUS, GA. 31907	NONE	100.	
YOUTH ORCHESTRA ISABELLE DOOLEY 6101 RIVER RD., #18 COLUMBUS, GA. 31904	NONE	380.	

YOUTH ORCHESTRA AMANDA REDWINE 4437 LANGDON ST. COLUMBUS, GA. 31907	NONE	345.
STRING ORCHESTRA BETHANY WINEBRENNER 6321 WILLIAMBURG DR. COLUMBUS, GA. 31909	NONE	525.
STRING ORCHESTRA CHOI OLIVIA 6900 SCHOMBURG RD., #1109 COLUMBUS, GA. 31909	NONE	100.
YOUTH ORCHESTRA ROOKARD KENEISHA 6320 ALBRIGHT DR. COLUMBUS, GA. 31907	NONE	100.
STRING ORCHESTRA JENNIFER STOMMEL 4410 SADDLE RIDGE DR. COLUMBUS, GA. 31907	NONE	200.
STRING ORCHESTRA CORAIN TATE 8223 TRAFALGAR WAY COLUMBUS, GA. 31904	NONE	380.
STRING ORCHESTRA YENA KWON 327 DENSON DR. AUBURN, AL. 36830	NONE	220.
STRING ORCHESTRA SUMI MARION 1216 BRIARWOOD AVE. COLUMBUS, GA. 31906	NONE	320.
STRING ORCHESTRA HANNAH ADAMS P.O. BOX 23 WAVERLY HALL, GA. 31831	NONE	200.
STRING ORCHESTRA EBONY BRYANT 4538 ESTONIA ST. COLUMBUS, GA. 31907	NONE	480.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>4,090.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

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

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 PLAN CONTRIB	EXPENSE ACCOUNT
JERRY BIERLY 7 PORCHESTER CT., COLUMBUS, GA 31907	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	30,500.	0.	0.
SUSAN GRISTINA 1652 CARTER AVE., COLUMBUS, GA 31906	DIRECTOR 0.25	0.	0.	0.
VIRGINIA ANTHONY, 2015 SPRINGDALE DR., 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	ARTISTIC DIRECTOR 0.25	0.	0.	0.
ANDRE GASKINS, 6921 FIELDSTONE CT., COLUMBUS, GA 31907	CONDUCTOR-YOUTH ORCH. 3.00	8,100.	0.	0.
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.
JENNY ADAMS, 1527 EBERHART AVE., COLUMBUS, GA 31906	DIRECTOR 0.25	0.	0.	0.
CHERRY KERSEY 424 CHEYENNE RD., COLUMBUS, GA 31904	DIRECTOR 0.25	0.	0.	0.

YOUTH ORCHESTRA ASSOCIATION OF GREATER C

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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.
MARION FEIGHNER, 765 SPRING HARBOR DR., COLUMBUS, GA 31904	DIRECTOR 0.25	0.	0.	0.
BARBARA KIMBRO, 1700 FOUNTAIN CT. #2706, COLUMBUS, GA 31906	DIRECTOR 0.25	0.	0.	0.
DOUG MCLEOD 1443 22ND ST., COLUMBUS, GA 31901	DIRECTOR 0.25	0.	0.	0.
MEGHAN MORROW 1815 SLADE DR., COLUMBUS, GA 31901	DIRECTOR 0.25	0.	0.	0.
MARK SIGMUND, 6697 WOODBERRY RD., COLUMBUS, GA 31904	DIRECTOR 0.25	0.	0.	0.
JILAINIE JARVIS, 6921 FIELDSTONE CT., COLUMBUS, GA 31907	CONDUCTOR-STRING ORCH. 3.00	6,500.	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.
RONALD WIRT 4120 SAVANNAH DR, COLUMBUS, GA 31907	TREASURER 0.25	0.	0.	0.
JAMES WOODALL 3436 TOMAHAWK DR., COLUMBUS, GA 31907	VICE-PRES 0.25	0.	0.	0.
CALISTA SPRAGUE 2936 17TH AVE., COLUMBUS, GA 31901	SECRETARY 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		45,100.	0.	0.

- 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).

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

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.

CAROLYN STOREY

- The books are in the care of ► **3025 UNIVERSITY AVE. #207A - COLUMBUS, GA 31907**
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.

- I request an additional 3-month extension of time until **MAY 15, 2010**.
- For calendar year _____ , or other tax year beginning **JUL 1, 2008** , and ending **JUN 30, 2009** .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 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 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.	8c	\$ 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. Duffin Title ► CPA Date ► 2-16-10

2-15-10 WAS PRESIDENT'S DAY - NOT DELINQUENT

7008 2810 0002 3705 1220