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### **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 0047 2008

Open to Public Inspection

Form 990 (2008)

TEEA0101

04/23/09

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

	For the	2008 calend	dar year,	or tax year beginn	ing Jul 1	, 20	008, and	<u>d end</u> ir	ıg Jun			, 2009	
		applicable		C Name of organizati						D Employ	er Ident	ification Number	er
	$\overline{}$	ress change	Please use IRS label	Vermont You	th Orches	tra Associa	ation	, In	ic.	03-	6011	271	
	H	e change	or print or type.			is not delivered to stre		Room/s		E Telepho			
	-	al return	See specific	223 Ethan A	llen Ave		•			(80)	2) 6	55-5030	
	<del>     </del>	nination	Instruc- tions.	City, town or count			tate ZIP	code + 4	,	,00	, 0		
	<del></del>	ended return	uons.	Colchester	•			5446		<b>G</b> Gross re	aaaiata 1	s 886,1	73
	<b>⊢</b> ⊣		F Name :	and address of principal	officer	<b>v</b>		7440	H(a) Is this a				Yes X No
	L Appi	ication pending		• •		olahoator	VT 05	5116	H(b) Are all			₩.	Yes A No
	T			Whiddon 223 Etha		_				attach a list		structions)	
		exempt statu		<del></del>	insert no )	4947(a)(1) or		527	ł			_	
J J			w.vyo. ☑.				1		H(c) Group (				
K D-		f organization	X Corpora	ation Trust	Association C	)ther ►	L Year	of Forma	tion 1974	<u> 1   1V1 S</u>	State of I	egal domicile	A.T.
Pa		Summa		ganization's missio	n or most sign	ficant activities:	The	Vorm	ont Vo	uth Or	chos	tra	
				dedicated								<u></u>	
ğ				and pursue				2 10	T Your	a beob	.Te		
Activities & Governance	_'	o abbre	CIACE	and barage	evcerrenc	6 - TII	<u>-</u> – – -						<b>-</b> -
Š	2 0	heck this bo	~ <b>~</b> -~	If the organization	discontinued i	ts operations or d			re than 25				
ဗိ				bers of the govern			isposec	ı or me	ne man 25	70 01 113 6		15	
න්				nt voting members			ine 1b)					15	
<u>ë</u>				yees (Part V, line							5	6	
ž.	6 T	otal number	of volunt	eers (estimate if n	ecessary)						6	60	
۲		•		ousiness revenue f			<b>(</b> )				7a		0.
_	<b>b</b> N	let unrelated	business	s taxable income fr	om Form 990-	Γ, line 34					7b		
									P	rior Year		Currer	
.	8 0	Contributions	and gran	nts (Part VIII, line 1	h)					256,7			04,604.
Revenue	<b>9</b> F	Program serv	reven	ue (Part VIII, line	2g)					598,7			88,117.
ا <u>د</u>	10 li	nvestment in	ncome (Pa	art VIII, column (A)	, lines 3, 4, an	d 7d)				55,1			29 <b>,</b> 530.
ا ت	11 (	Other revenu	e (Part V	III, column (A), line	s 5, 6d, 8c, 9c	, 10c, and 11e)				52,2			53 <b>,</b> 205.
	<b>12</b> T	otal revenue	e — add li	nes 8 through 11 (	must equal Par	t VIII, column (A)	), line 1	2)		962,9		6	16,396.
	13 (	Grants and si	ımılar am	ounts paid (Part IX	, column (A), I	ines 1-3)				6,0	000.	-	6,000.
	14 E	Benefits paid	to or for	members (Part IX,	column (A), In	ne 4)							
,	<b>15</b> S	Salaries, othe	er compe	nsation, employee	benefits (Part	IX, column (A), lır	nes 5-1	0)		250,3	365.	2	96,338.
Expenses	16a F	Professional	fundraisir	ng fees (Part IX, co	olumn (A), line	11e)							
ē	ЬΤ	Total fundrais	sina expe	nses (Part IX, colu	mn (D), line 25	5) ►	86,	864.					
ă				IX, column (A), line					-	727,6	668	4	47,192.
				nes 13-17 (must e			<u></u>			984,0			49,530
		•		s Subtract line 18			"   ୪)			-21,0			33,134.
. 0	<b>19</b> F	veverine iess	expense	3 Subtract file 10	1011 100 12 N	<del>/AY <b>0</b> 4 2010</del>			<b>—</b> ·				
a co	20 7	r_4_14_	(D4 V )	10			RS			nning of Y			f Year 44,943.
Bat		Fotal assets ( Fotal liabilitie								290,4			04,674
Net Assets or Fund Balances			•	•	· · · · · · · · · · · · · · · · · · ·	GDEN, UT							
				ances Subtract lin	e 21 from line	20				,086,9	9/1.	1,9	40,269.
Га	rt II	<del>                                     </del>	ure Blo										
		Under pepaltie true, correct	s of perjury and complete	, I declare that I have exp Declaration of prepare	imined this return, i r (other than officer)	ncluding accompanying ) is based on all informa	schedule ation of w	es and sta hich prep	atements, and parer has any	i to the best knowledge	of my kn	nowledge and be	elief, it is
c:-			: V.	- iNV.	11 -				1	1005/	120	מאות	
Sig He	JU LO	Signature	at officer	~ Much	agen					<del>ypu</del>	<u> </u>	2010	
116									_				
			Line W	hiddon					Execu	utive	Dire	ctor	
		туре от ра	illit Haille al				Inst				Ιp	ranarar's idanti	hung number
D	:			$\sim$			Date			heck if elf-	1 11	reparer's identi see instructions	)
Pai Pre	-	Preparer's		400	0/	_	10			mployed	` ∐		
	rer's	signature		Hallow,	/1. 1age	is, CPA	07	ul	7,2010				
Us		Firm's name (		LACE W TAPT	A PC								
On		employed), address, and		BOX 5777					E	IN ►			
	-	ZIP + 4		LINGTON			5402		Р	hone no	(80		<u>6370                                    </u>
_				with the preparer s								X Yes	No_
_				with the preparer			····otion			~==	04/22		. 990

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

		03-60112	/ 1		Page 2
Pai	t III Statement of Program Service Accomplishments (see instructions)			_	
1	Briefly describe the organization's mission:				
	The Vermont Youth Orchestra Association is dedicated to creating				
	opportunities for young people to appreciate and pursue excellence				
	in music.				
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2	Yes	X	No
Ū	If 'Yes,' describe these changes on Schedule O.	· Ц		41	
А	Describe the exempt purpose achievements for each of the organization's three largest program services by e	vnonces Se	ction 5	01/6\/	.57
~	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to ot	hers. th	ne tota	al
	expenses, and revenue, if any, for each program service reported.		·		
	· (Code: ) / European C 239 645 unalluding groups of C 6 000 ) / David		2.5	2 2	10 \
48	a (Code:) (Expenses \$ 338,645. including grants of \$ 6,000.) (Reve	enue ş	33	3,3	12.)
	Youth & Training Orchestras - Over 400 youth members, public				
	concerts, open rehearsals, school concerts, ensemble				
	performances, rehearsals, and concerts.				
		_			
41	b (Code) (Expenses \$90,305. including grants of \$0.) (Reve				
	Music Camps and Classes - Summer day camps, piano camps,				
	after-school programs and music lessons.				
					<del>-</del>
4	c (Code) (Expenses \$22,576. including grants of \$0.) (Reve	enue \$		4,1	75.)
	Informational and Other Services - Music teacher directory,				
	instrument rental and exchange, general referral services.				
				<b>-</b>	
					<b>-</b>
				<b>-</b>	
4	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4	e Total program service expenses ► \$ 451,526. (Must equal Part IX, Line 25, column (B).)				
	, , , , , , , , , , , , , , , , , , , ,				

	·		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x						
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5							
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х					
9	9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV								
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	Х					
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х						
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х					
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х					
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х					
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X					
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> </u>					
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X					
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х					
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		X					
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X						
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х					
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and								
h	complete Schedule K If 'No, 'go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X					
		_71							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d							
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х					
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х					
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х					
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х					
BAA		Form	990 (	20081					

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes.' complete Schedule L. Part IV	28a		×
		20a		
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
BA		Form	990 (	(2008)

, and the state of		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable  1 a 54			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 '		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	j		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	_ 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country. ▶			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			_
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <b>g</b>	N/Z	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/Z	Α
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/2	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	- <u>°</u> -	14/2	1
a Did the organization make any taxable distributions under section 4966?	9a	N/2	<u> </u>
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b	N/Z	
10 Section 501(c)(7) organizations. Enter.	JB	11/2	
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1 '		
11 Section 501(c)(12) organizations. Enter	1		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990	(2008

Form 990 (2008) Vermont Youth Orchestra Association, Inc. 03-6011271 Page

Part'VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Se</u>	ction A.	Governing Body a	nd Management						
	For each processe	'Yes' response to lines 2 s, or changes in Schedul	?-7b below, and for a 'No' re e O. See instructions	esponse to lines 8 or	9b below, de	escribe the circumsta	nces,	Yes	No
1	a Enter the	number of voting memb	ers of the governing body			1a 15			İ
	<b>b</b> Enter the	number of voting memb	ers that are independent			1 <b>b</b> 15			,
2	Did any o	officer, director, trustee, c irector, trustee or key em	r key employee have a fam ployee?	nily relationship or a t	business rela	ationship with any oth	ner 2	<u> </u>	<b>x</b>
3	Did the o	rganization delegate con s, directors or trustees, o	rol over management dutier key employees to a mana	s customarily perform	ned by or ur other persor	ider the direct superv	ision 3		x
4			nificant changes to its orga		•		4		х
	since the	prior Form 990 was filed	7						
5	Did the o	rganization become awar	e during the year of a mate	rial diversion of the o	organization	's assets?	5		Х
6	Does the	organization have memb	ers or stockholders?				6		X
7	a Does the governing		ers, stockholders, or other	persons who may ele	ect one or m	ore members of the	7 a		_ x
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.									
	a The gove	rning body?					8a	X	
	<b>b</b> Each cor	nmittee with authority to	act on behalf of the governi	ng body?			_ 8t	X	
9	<b>a</b> Does the	organization have local of	chapters, branches, or affili	ates?			9a	1	X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?									
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990									
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O									<u>x</u>
Se	ction B.	Policies							
								Yes	No
12		•	en conflict of interest polic				12a	X	<del>                                     </del>
	b Are office to conflic	ers, directors or trustees, ts?	and key employees require	d to disclose annuall	y interests t	hat could give rise	12t	X	
	Schedule	O how this is done	id consistently monitor and	enforce compliance	with the poli	cy? If 'Yes,' describe	120	x_	
		organization have a writ	' '				13	ļ	X
		=	en document retention and				14		<u> </u>
15			empensation of the following contemporaneous substanti		review and a ion and deci	pproval by independe sion.	ent		
			Director, or top managem	ent official?			15a	1	<del> </del>
		icers of key employees o	-				15t	X	<del> </del>
		the process in Schedule	,						,
16	entity du	ring the year?	tribute assets to, or particij				16a		X
	in joint v	nas the organization adop enture arrangements und th respect to such arrang	ted a written policy or proc er applicable federal tax la ements?	edure requiring the ow, and taken steps to	rganization to safeguard t	to evaluate its particil the organization's exe	oation empt		
Se	ction C.								
17	List the s	tates with which a copy of	of this Form 990 is required	to be filed -					
18	Section 6	5104 requires an organiza n. Indicate how you make	ition to make its Forms 102 these available. Check all	3 (or 1024 if applicate that apply.	ole), 990, an	d 990-T (501(c)(3)s o	nly) availab	e for p	oublic
	Own	website An	other's website	Upon request					
19	Describe statemer	in Schedule O whether ( its available to the public	and if so, how) the organiza	ation makes its gover	ning docum	ents, conflict of intere	est policy, ar	nd finai	ncıal
20		name, physical address, ine Whiddon	and telephone number of 223 Ethan Allen Ave				ne organizati (802)		5030
	==-				<u> </u>				= ===
3A.	Α								(2008)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

(A) (B) (c) (D) (E) (F)  Name and Title Average Position (check all that apply) Reportable Reportable Estimated											
Name and Title	Average hours per week	or director	onstitutional forstee	Check Officer	a Key employee	High est coincensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Caroline Whiddon Executive Director	40.00			х				62,500.	0.	8,571	
Richard Johnson Chair	1.00	х		х				0.	0.	0	
John Davis Vice Chair	1.00	Х		х				0.	0.	0	
Fred Erdman Treasurer	1.00	X		x				0.	0.	0	
Suzie Quinn Secretary	1.00	х		х				0.	0.	0	
Valerie Gardner Director	1.00	х						0.	0.	0	
William Griffin Director	1.00	х						0.	0.	0	
Janine Jacobs Director	1.00	х						0.	0.	0	
Kim Hornung-Marcy Director	1.00	х						0.	0.	0	
Connie Metz Director	1.00	х						0.	0.	0	
John Pacht Director	1.00	Х						0.	0.	0	
Barrett Peterson Director	1.00	х						0.	0.	0	
Alan Rubin Director	1.00	х						0.	0.	0	
Katie_Schaffer Director	1.00	х						0.	0.	0	
Sarah Tischler Director	1.00	х						0.	0.	0	
David Yandell Director	1.00	v						0.	0.	0	

TEEA0107 04/24/09

compensation from the organization >

(i ai	. Statement of Nevenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 - Codesated commercians			revenue		512, 513, or 514
ST	1a Federated campaigns 1a					i
S S	b Membership dues 1b					1
Z A	c Fundraising events 1c d Related organizations 1d					
동물	· —					١
SIS	e Government grants (contributions) 1e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f	204,604.				<u> </u>
Z S	g Noncash contribns included in lns 1a-1f \$	23,566.				i
84	h Total. Add lines 1a-1f	<b>•</b>	204,604.			<u> </u>
불		Business Code				
Ē	2a Tuition	611710	349,548.	349,548.	0.	0.
E H	b Performance Revenue	711130	34,394.	34,394.	0.	0.
2	c Music Teacher Directory	900099	4,175.	4,175.	0.	0.
I SEI	d					
RAN	e					
ညွ	f All other program service revenue	<b>•</b>	200 117			<del></del>
-	g Total. Add lines 2a-2f		388,117.			
	3 Investment income (including dividend other similar amounts)	s, interest and	18,630.	0.	0.	18,630.
	4 Income from investment of tax-exemp		10,050.	0.	0.	10,030.
	5 Royalties	bond proceeds				
	(i) Real	(ii) Personal				
	6a Gross Rents 39,912	<del></del>	İ			'
	b Less. rental expenses 12,865					
	c Rental income or (loss) 27,047					
	d Net rental income or (loss)	<u>·</u>	27,047.	0.	0.	27,047.
	(i) Securities	(II) Other	2.701.11		•	2,,01,1
	7a Gross amount from sales of assets other than inventory 207, 140	).				
	·   · · · · · · · · · · · · · · · · · ·					
	b Less cost or other basis and sales expenses 255, 300	).				
	c Gain or (loss) -48,160	<del></del>				
	d Net gain or (loss)	•	-48,160.	0.	0.	-48,160.
Æ	8a Gross income from fundraising events (not including \$ 0.					
OTHER REVENUE	of contributions reported on line 1c).	•				
Ä	See Part IV, line 18	a 13,274.				
Ŧ	<b>b</b> Less. direct expenses	ь 0.				
5	c Net income or (loss) from fundraising	<u> </u>	13,274.	0.	0.	13,274.
	· · · · · · · · · · · · · · · · · · ·					, , , , , , , , , , , , , , , , , , , ,
	9a Gross income from gaming activities See Part IV, line 19	a				
	<b>b</b> Less. direct expenses	b				
	c Net income or (loss) from gaming acti	vities <b>&gt;</b>				
	10a Gross sales of inventory, less returns	0.353				
	and allowances  b Less. cost of goods sold	a 9,353. b 1,612.				
	•		7 7/1			7 7/1
	c Net income or (loss) from sales of invi-	Business Code	7,741.	0.	0.	7,741.
	11a Ads-Art Program	900099	4,520.	0.	0.	4,520.
	b Miscellaneous	900099	623.	0.	0.	623.
	c c		023.	<del>                                     </del>	<del>.</del>	023.
	d All other revenue					
	e Total. Add lines 11a-11d	<b></b>	5,143.	<del></del>	-	<del></del>
	12 Total Revenue. Add lines 1h, 2g, 3, 4,	5 6d 7d 8c 9c	3,2.3.			<del></del>
	10c, and 11e	5, 6u, 7u, 6c, 9c,	616,396.	388,117.	0.	23,675.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	· · · · · · · · · · · · · · · · · · ·	(B)	(C)	(D).
	include amounts reported on lines 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
and	ants and other assistance to governments d organizations in the U.S. See Part IV, e 21				1
	ants and other assistance to individuals in U.S. See Part IV, line 22	6,000.	6,000.		
ord	ants and other assistance to governments, panizations, and individuals outside the S. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors, stees, and key employees	71,071.	3,553.	51,171.	16,347.
dıs sec	mpensation not included above, to qualified persons (as defined under ction 4958(f)(1) and persons described in ction 4958(c)(3)(B)				
<b>7</b> Oth	ner salaries and wages	181,878.	88,813.	57,148.	35,917.
401	nsion plan contributions (include section I (k) and section 403(b) employer atributions)	2,401.	1,493.	472.	436.
	ner employee benefits	19,298.	9,306.	6,258.	3,734.
	yroll taxes	21,690.	8,045.	9,244.	4,401.
•	es for services (non-employees)		0,0101	3,2111	
	nagement	**			
<b>b</b> Leg	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
	counting	11,358.	0.	11,358.	0.
<b>d</b> Lot	obying				
e Pro	of fundraising svcs See Part IV, In 17				
f Inv	estment management fees	6,202.	0.	6,202.	0.
<b>g</b> Oth	ner	112,439.	105,837.	6,602.	0.
<b>12</b> Adv	vertising and promotion	175.	175.	0.	0.
<b>13</b> Off	ice expenses	63,741.	29,772.	21,448.	12,521.
<b>14</b> Info	ormation technology	3,617.	2,015.	1,085.	517.
<b>15</b> Roy	yaltıes				
<b>16</b> Occ	cupancy	73,116.	60,537.	11,027.	1,552.
<b>17</b> Tra	· ·	5,509.	5,344.	165.	0.
exp	yments of travel or entertainment penses for any federal, state, or local plic officials				
<b>19</b> Cor	nferences, conventions, and meetings	75,668.	65,977.	244.	9,447.
<b>20</b> Inte	erest	8,223.	0.	8,223.	0.
<b>21</b> Pay	yments to affiliates				
	preciation, depletion, and amortization	63,941.	52 <b>,</b> 776.	9,812.	1,353.
cov and 5%	urance ner expenses. Itemize expenses not vered above. (Expenses grouped together d labeled miscellaneous may not exceed of total expenses shown on line 25 ow )	10,879.	8,862.	1,790.	227.
	nstrument/Equipment	12,324.	3,021.	8,891.	412.
c					·
d					
e					
f All	other expenses				
<b>25</b> Tota	al functional expenses. Add lines 1 through 24f	749,530.	451,526.	211,140.	86,864.
SO org cos	int Costs. Check here  if following if 98-2. Complete this line only if the janization reported in column (B) joint ists from a combined educational impaign and fundraising solicitation				
BAA					Form <b>990</b> (2008)

ra	rιχ	Balance Sneet	· •		
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	21,520.	1	28,620.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	4,532.	3	6,330.
	4	Accounts receivable, net	1,666.	4	5,104.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
S	8	Inventories for sale or use		8	·
T S	9	Prepaid expenses and deferred charges	8,913.	9	402,134.
-	10a	Land, buildings, and equipment: cost basis   10a   2,185,203			
		Less: accumulated depreciation. Complete Part VI of	1		•
		Schedule D 10b 508, 420	1,741,944.	10c	1,676,783.
	11	Investments – publicly-traded securities	598,884.	11	525,972.
	12	Investments – other securities. See Part IV, line 11	03070011	12	020/3/2.
	13	Investments – program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11		15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,377,459.	16	2,644,943.
_	17	Accounts payable and accrued expenses	11,095.	17	15,852.
	18	Grants payable	11/055.	18	13,032.
	19	Deferred revenue	86,289.	19	448,952.
Ļ	20	Tax-exempt bond liabilities	00,203.	20	440,332.
Ā	21	Escrow account liability. Complete Part IV of Schedule D		21	
В	22	Payables to current and former officers, directors, trustees, key employees,			
-AB-L-T-ES		highest compensated employees, and disqualified persons. Complete Part II			
Ī		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties	193,104.	23	239,870.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	290,488.	26	704,674.
Ñ		Organizations that follow SFAS 117, check here ► X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
A	27	Unrestricted net assets	1,580,650.	27	1,368,597.
ACCOMENT OF	28	Temporarily restricted net assets	0.		57,178.
	29	Permanently restricted net assets	506,321.	29	514,494.
R		Organizations that do not follow SFAS 117, check here ► and complete			· · · · · · · · · · · · · · · · · · ·
		lines 30 through 34.			
F)ZO	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ņ Ç	33	Total net assets or fund balances.	2,086,971.	33	1,940,269.
Š	34	Total liabilities and net assets/fund balances.	2,377,459.	34	2,644,943.
Pa	ırt X	Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·	·	
				,	Yes No
1	Ac	counting method used to prepare the Form 990 $^{\cdot}$ Cash $X$ Accrual	Other		
		ere the organization's financial statements compiled or reviewed by an independent	accountant?		2a X
	<b>b</b> We	ere the organization's financial statements audited by an independent accountant?			2b X
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acc	ty for oversight of the au	dıt,	20 4
					2c X
3	Au	a result of a federal award, was the organization required to undergo an audit or a dit Act and OMB Circular A-133?	uans as set form in the c	migie	3a X
		Yes,' did the organization undergo the required audit or audits?			3b
BA	A				Form <b>990</b> (2008)

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public

Employer identification number Vermont Youth Orchestra Association, Inc. 03-6011271 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1XAXiii). (Attach Schedule H) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 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 exempt 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type II Type III- Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (v) Did you notify (vi) Is the (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (vii) Amount of Support rganization in col organization col (i) of organization in col (i) organized in the US? your support? governing document? Yes No Yes No Yes No Total

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.

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

**BAA** 

#### Schedule A (Form 990 or 990-EZ) 2008 Vermont Youth Orchestra Association, Inc. 03-6011271 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 yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1. 2, 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr 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 form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 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 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

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 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

Schedule .	A (Form	990 or 9	990-EZ)	2008	Verm	nont	Youth	Oro	chest	tra 2	Asso	ciati	on,	Inc.	03-6	01127	1	Page 4
Schedule /	Supp	olemen	ital Inf	format	ion.C	omple	ete this	par	t to p	rovid	e the	expla	natio	n requ	ured b	y Part	II, line	10;
	Part	II, line	17a c	or 17b;	or Pa	<u>irt III, </u>	line 1	2. Pr	ovide	any	other	addit	ional	ınforn	nation.	(see ii	nstructi	ons)
		. <b></b>																
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TEEA0404 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

Ver	mont Youth Orchestra Associat	ion, Inc.	03-6011271
Par		r Advised Funds or Other Similar Fun	ds or Accounts Complete If
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the assets held in do	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit?	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or othe	s may be er Yes No
Par		ete if the organization answered 'Yes'	·····
	Purpose(s) of conservation easements held by		
·	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year	a qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	nents	2b
c	: Number of conservation easements on a certif	ied historic structure included in (a)	2c
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the organization during the taxable
	year ►		
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspection, viol nolds?	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during th	ne year ►
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the y	/ear ► \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and of the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Par		ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.
1 a	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme</li> </ul>	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtheraints that describes these items	ent and balance sheet works of art, historical noce of public service, provide, in Part XIV,
t	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtheral	ent and balance sheet works of art, historical nee of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>*</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	or financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line	: 1	<b>&gt;</b> \$
t	Assets included in Form 990, Part X		<b>*</b> \$
		<del> </del>	

Schedule <b>D</b> (Form 990) 2008 Verm					03-60			Page 2
Part III   Organizations Mainta	aining Collecti	ons of Art, Histo	rical Treas	ures, or	Other Similar As	sets (co	ontinu	ed)
3 Using the organization's accessing that apply).	ion and other reco	rds, check any of the	e following tha	it are a sig	nificant use of its coll	ection ite	ms (che	eck all
a 🔲 Public exhibition		<b>d</b> Loan c	or exchange p	rograms				
<b>b</b> Scholarly research		e 🗌 Other						
c Preservation for future gene	erations							
4 Provide a description of the organization.	anızatıon's collectı	ons and explain how	they further t	he organız	ation's exempt purpor	se in		
5 During the year, did the organize assets to be sold to raise funds	ation solicit or rece	eive donations of art,	historical treation	asures, or	other similar	□Yes	Г	No
Part IV Trust, Escrow and C	ustodial Arran	gements Comple	ete if organ	ızatıon a			90, Pa	
IV, line 9, or reported	an amount or	Form 990, Part	X, line 21.					
1 a Is the organization an agent, tru included on Form 990, Part X?				ns or othe	r assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangemen	it in Part XIV and	complete the following	ng table.		<u> </u>			
						Amoun		
c Beginning balance					1c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f	<del></del>		<del></del>
2a Did the organization include an		90, Part X, line 21?				Yes	L	No
b If 'Yes,' explain the arrangemen		-·- <i>.</i>						
Part V   Endowment Funds Co								
	(a) Current year	+ ' '	(c) Tw	o years back	(d) Three years back	(e)	our year	s back
1 a Beginning of year balance	506,32							
<b>b</b> Contributions	5,17	/3.						
c Investment earnings or losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance	511,49							
2 Provide the estimated percentage		balance held as:						
a Board designated or quasi-endo		<u>0.00</u> %						
<b>b</b> Permanent endowment								
c Term endowment ►	0.00 %							
3a Are there endowment funds not	in the possession	of the organization 1	that are held a	and admini	stered for the	г		
organization by							Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations						3a(ii)		X
<b>b</b> If 'Yes' to 3a(II), are the related						_3b		
4 Describe in Part XIV the intende				<del></del>	1 10			
Part VI   Investments-Land, I						1		
Description of investmen	nt (a)	Cost or other basis (investment)	(b) Cost or basis (ot		(c) Depreciation	(d)	Book Va	alue
<b>1 a</b> Land						ļ		
<b>b</b> Buildings						ļ		
c Leasehold improvements	<u> </u>			4,206.	371,271.	1	,612	, 935
<b>d</b> Equipment	[		184	4,854.	121,006.		63	,848
a Other							-	
e Other  Total. Add lines 1a-1e (Column (d) sl				6,143.	16,143.			0.

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Vermont Youth Ord			03-6011271	Page :
Part VII Investments-Other Securities See F	<del></del>		<u>-,                                      </u>	_
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	Cost or	:) Method of valuation r end-of-year market value	
Financial derivatives and other financial products		0031 01	end of year market value	-
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·		
Other				
	<u></u>			
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ▶	<u> </u>			
Part VIII Investments-Program Related (See		ine 13)		
(a) Description of investment type	(b) Book value	Cost of	Method of valuation	
· · · · · · · · · · · · · · · · · · ·		Cost or	r end-of-year market value	
	<del></del>			
	· <del></del>	<del></del>	<del>-</del>	
			<del></del>	
* ***			<del></del>	
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X	, line 15)			
(a) [	Description		(b) Book	value
		<del></del> .		
	· · · · · · · · · · · · · · · · · · ·	· · ·		
				<del></del>
	<u> </u>			
Total. Column (b) Total (should equal Form 990, Part X, c	nol (P) Juno 15)		<b>•</b>	
Part X Other Liabilities (See Form 990, Part X, C				
(a) Description of Liability	( <b>b</b> ) Amount			
Federal Income Taxes	(b) Amount			
T cacrar mosmo Taxos				
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	•			
In Part XIV, provide the text of the footnote to the organiz positions under FIN 48.	ation's financial statemer	nts that reports the org	janization's liability for uncertain	ın tax

	Vermont Youth Orchestra Asso		03-6011271	Page 4
Part XI Reconciliatio	n of Change in Net Assets from Form	990 to Financial Statements		
1 Total revenue (Form 99	0, Part VIII,column (A), line 12)			
2 Total expenses (Form 9	90, Part IX, column (A), line 25)			
3 Excess or (deficit) for the	ne year. Subtract line 2 from line 1			
4 Net unrealized gains (lo	sses) on investments			_
5 Donated services and u	se of facilities			
6 Investment expenses				
7 Prior period adjustment	s			
8 Other (Describe in Part	XIV)			
9 Total adjustments (net)	. Add lines 4-8			
10 Excess or (deficit) for the	ne year per financial statements. Combine lines	3 and 9		
	n of Revenue per Audited Financial St		Return	
	nd other support per audited financial statements		1	
	ne 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains or		2a		
<b>b</b> Donated services and u		2b	_	
c Recoveries of prior yea		2c		
d Other (Describe in Part	•	2d		
e Add lines 2a through 2d	•	[ = -]	2e	
3 Subtract line 2e from lii			3	
	orm 990, Part VIII, line 12, but not on line 1:	1 1		
	not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part		4b	$\dashv$ $\mid$	
c Add lines 4a and 4b	XIV)	40	4c	
	s <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I,	line 12.)	5	
	on of Expenses per Audited Financial			•
	ses per audited financial statements	ratements vivii Expenses p	1	<del></del>
·	ne 1 but not on Form 990, Part IX, line 25:		- <u> </u>	
a Donated services and u		2a		
	ise of facilities	2b	<del></del>	
<b>b</b> Prior year adjustments	m 000 Port IV line 25	2c	<del> </del>	
c Losses reported on For		2d	-	
d Other (Describe in Part	•	Zu	<del>-   -   -   -   -   -   -   -   -   -  </del>	
e Add lines 2a through 20			2e	
3 Subtract line 2e from lii		1 [	3	
	orm 990, Part IX, line 25, but not on line 1:			
·	not included on Form 990, Part VIII, line 7b	4a	<del>_</del>	
<b>b</b> Other (Describe in Part	XIV)	4b	<b></b>	
c Add lines 4a and 4b			4c	<del></del>
	nes 3 and 4c (This should equal Form 990, Part	, line 18)	5	
Part XIV Supplement	al Information			_
Complete this part to provide line 4, Part X, Part XI, line 8	the descriptions required for Part II, lines 3, 5, a; Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 9; Part III, lines 1a and 4, Part I' I and 4b.	V, lines 1b and 2t	); Part V,
Pt_V_Line_4	Endowment funds have the foll	owing restrictions:		<b></b>
	\$301,214: Earnings restricted	for orchestra manageme	ent;	
	\$200,557: Earnings restricted	for scholarships and a	awards;	
	\$ _ 9,723: 25% of earnings per	manently_restricted,_w	ith_the	
	balance_unrest	ricted.		

Schedule D	(Form 990) 2008	Vermont	Youth Ord	chestra 2	Association	n, Inc.	03-6011271	Page <b>5</b>
Part XIV	Supplementa	Information	on (continue	d)				
•								
						. – – – – -	·	
			. – – – – -					
					<b>_</b>			
								<b>-</b>
		<b>-</b> -				. – – – – .		
			<b></b>	<b>-</b>				
			- <b></b>			. <b></b>		
				<b>-</b>				
						. <b></b>		
			- <b>-</b>					
						<del></del>		
			<b></b> -					
		<b></b>					<b> </b>	<b></b> -
			<b></b> -					

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

**2008** 

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990. Open to Public Inspection

Name of the organization						Employer identification	ation number
Vermont Youth Orchestra Ass	sociation, In	c.	<del></del>			03-601127	1
Part I General Information on Gr	ants and Assista	nce			<del> </del>		
Does the organization maintain record the selection criteria used to award the	e grants or assistanc	e?			e grants or assistance,	and	X Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistan	procedures for monit	oring the use of gr	ant funds in the United S	otates.	to if the organization	on answered 'Ve	os' on Form
990, Part IV, line 21 for an	v recipient that r	nis and Organi Scawad more th	han \$5,000 Check	this hay if no one i	recinient received	more than \$5.00	is official
Part IV and Schedule I-1 (F					corpioni roccivou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						_	
<ul><li>2 Enter total number of section 501(c)(3</li><li>3 Enter total number of other organization</li></ul>	-	ganizations				<b>&gt;</b>	

Part III Grants and Other Assistance to Use Schedule I-1 (Form 990) if a	h Orchestra Ass Individuals in the U	Inited States, Com	plete if the organ		on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
Scholarship and awards	2	6,000.			
Part IV   Supplemental Information. Comp	olete this part to pro	ovide the information	on required in Pa	rt I, line 2, and any oth	er additional information.
	ons_are_reviewe		nt committee	members and staff	to ensure strict
·					
			· <b></b>		
·			· <b></b>		
			· <b></b>		
·			· <b></b>		·
·			<b></b>		
ЗАА					Schedule I (Form 990) 2008

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#### SCHEDULĘ O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Vermont fouth Orchestra Association, Inc.   U3-6011271
Pt_VI-A, Line_8 _ The governing Board and committees document the activities of their meetings.
Pt VI-A, Line 10 Management and the Finance Committee will review the Form 990 and related schedules
with a final version provided to all Board members prior to filing.
Pt VI-B, Line 12c Management, staff, and all Board members are required to review,
sign, and submit a conflict of interest statement annually.
Pt_VI-B, Line_15 The Finance Committee and Board, each comprised of independent persons, review
the annual compensation of the Executive Director and senior staff.
Pt VI-C, Line 19 The Organization makes all of its governing documents and annual
tax returns(s) available for public inspection upon request.
Pt XI, Line 2cThe Finance Committee, comprised of independent persons, reviews
the Organization's financial statements which are issued by an
independent accountant.

### Form **8868** (Rev April 2008)

(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2008)

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month E	xtension, complete only Part I and check this box	x		► X
•		matic) 3-Month Extension, complete only Part II (			
Do not comp	<i>lete Part II unless</i> you have alread	y been granted an automatic 3-month extension of	on a previously file	ed Form 88	68.
Part I /	Automatic 3-Month Extensi	on of Time. Only submit original (no cop	oies needed).		
A corporation	required to file Form 990-T and re	equesting an automatic 6-month extension — chec	ck this box and co	mplete Par	t I only ► 📙
All other corp income tax re		partnerships, REMICS, and trusts must use Form	n 7004 to request a	an extensio	n of time to file
returns noted the additional Form 990-T.	(not automatic) 3-month extension	ctronically file Form 8868 if you want a 3-month an required to file Form 990-1). However, you cannot or (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 88 file for Charities & Nonprofits.	ot file Form 8868 oup returns, or a c	electronica composite d	lly if (1) you want or consolidated
	Name of Exempt Organization			Employer ide	ntification number
Type or					
print	Vermont Youth Orchest	tra Association, Inc.		03-6011	1271
File by the due date for	Number, street, and room or suite number	f a P O box, see instructions			
filing your return See	223 Ethan Allen Ave.		······································		
instructions	City, town or post office, state, and ZIP code	e For a foreign address, see instructions			
	Colchester	<del></del>		VT	05446
	f return to be filed (file a separate	<b>-</b>			
X Form 990	<del>-</del>	Form 990-T (corporation)	Form 472		
Form 990	)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990	)-EZ	Form 990-T (trust other than above)	Form 606		
Form 990	)-PF	Form 1041-A	Form 887	0	
Telephon  If the org	anization does not have an office	FAX No. ► (802) 655-5 or place of business in the United States, check t	his box		► []
		nization's four digit Group Exemption Number (GE			he whole group,
		ie group, check this box ▶ 🗌 and attach a list	with the names a	nd EINs of	all members
	sion will cover.	<del></del>			
until <u>F</u> The ext		s for a corporation required to file Form 990-T) ex the exempt organization return for the organization turn for.			
► X	tax year beginning Jul 1	, 20 <u>08</u> , and ending <u>Jun</u> <u>30</u> , 20	0 09_		
2 If this t	ax year is for less than 12 months	, check reason Initial return Final	return C	change in a	ccounting period
3a If this a nonrefu	application is for Form 990-BL, 990 and able credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	x, less any	3a \$	0.
<b>b</b> If this a made.	application is for Form 990-PF or S Include any prior year overpayme	90-T, enter any refundable credits and estimated nt allowed as a credit	tax payments	3b \$	0.
deposit	e Due. Subtract line 3b from line 3 with FTD coupon or, if required, I structions	Ba. Include your payment with this form, or, if requey using EFTPS (Electronic Federal Tax Payment	uired, System).	3c \$	0.
Caution. If ye payment inst		c fund withdrawal with this Form 8868, see Form	8453-EO and Forr	n 8879-EO	for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev 4 2008) Vermont_iouth Orchestra Association,	inc. 03	-60112/1	Page Z
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box		<b>▶</b> X
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	nsion on a previously filed l	Form 8868	
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1	)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. You	must file original and	one copy.	
	Name of Exempt Organization	Employ	yer identification num	ber
Type or				
print	Vermont Youth Orchestra Association, Inc.	03-0		
Eda bu tha	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS	S use only	
File by the extended				
due date for filing the	223 Ethan Allen Ave.			
return See instructions	City town or post office, state, and ZIP code. For a foreign address, see instructions			Say Say
	Colchester VT 05446			, , , , , , , , ,
Check type	of return to be filed (File a separate application for each return)		_	
X Form 99	90 Form 990-PF	Form 1041-A	Form	1 6069
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	☐ Form	n 8870
Form 99	90-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previously fil	ed Form 8868.	
	oks are in care of ► <u>Caroline Whiddon</u>			
Telepho	one No ► <u>(802) 655–5030</u> FAX No ► <u>(802) 655</u>	5-5034		_
	rganization does not have an office or place of business in the United States,			▶
<ul><li>If this is</li></ul>	s for a Group Return, enter the organization's four digit Group Exemption Num			nis is for the
whole group	p, check this box $ ightharpoonup$ [] If it is for part of the group, check this box $ ightharpoonup$ [	and attach a list with the	names and EINs	of all
	he extension is for			
	lest an additional 3-month extension of time until $\ \underline{ ext{May }17}$ , 20			
5 For ca	alendar year $\ \_\ \_\ _$ , or other tax year beginning $\  \    extstyle J \underline{ t u}  \underline{ t 1}	08, and ending Jun		
	· · · · · · · · · · · · · · · · · · ·		hange in account	ling period
7 State	in detail why you need the extension Additional time is rec	quired in order	<u>to</u> _	
com	pile all of the information necessary to prepar	re a complete and	d accurate	. <del></del>
tax	return.			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta efundable credits. See instructions	ative tax, less any	8a \$	0.
<b>b</b> If this paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable clents made. Include any prior year overpayment allowed as a credit and any a	redits and estimated tax imount paid previously		
with f	Form 8868		8b \$	0.
c Balar with f	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)	r, if required, deposit System) See instrs	8c \$	0.
	Signature and Verification			
Under penaltie correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statement complete, and that I am authorized to prepare this form	nts, and to the best of my knowledg		4
Signature >	Hallace A. lagia Title CPA/AGENT		Date Fel	mary 12,201

FIFZ0502 04/16/08

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Form 8868 (Rev 4-2008)