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Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150 2009

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning win 1, 2009, as	nd ending June 30. , 2010
В	heck if a	applicable Please C Name of organization	Employer identification number
=	Address	liabel or ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a one: 58.148 1695
=	vame ch nitlal reti	print of 1 framiles and according to box, in that \$100 desired to street address) 1 is	Room/suite E Telephone number
==	reminat	ted See 10 Danskend divise	706.364.5095
=	Amended	d return City or town, state or country, and ZIP + 4	
<u> </u>		d return linstructions. City of town, state of country, and 21+4 linstructions. 3060	Number >
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt chalitable trusts must attach	G Accounting Method Cash Accrual
		a completed Schedule A (Form 990 or 990-Ez).	Other (specify)
		was fully and a state of the same	H Check ► Wif the organization is not
	Vebsi	ite: ► WWW (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
	heck		
		► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross in 390-EZ or Form 990 return is not required, but if the organization chooses to file a return, be	
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead	<del></del>
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	
	1	Contributions, gifts, grants, and similar amounts received	
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	
	4	Investment income	4 446247
	5a	Gross amount from sale of assets other than inventory 5a	
	ь	Less: cost or other basis and sales expenses	
•	С		
ž	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gamin	ng, check here ▶ ☐
Revenue	а	Gross revenue (not including \$ of contributions	
æ		reported on line 1)	
	b		
	C	1	ne 6a)   <b>6c</b>
	7a	· · · · · · · · · · · · · · · · · · ·	
	b		
	8 8	Other revenue (describe	8 13656
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid to or for members	
S	12	Salaries, other compensation, and employee benefits	12
ÜŞ	13	Professional fees and other payments to independent contractors	
Expenses	14	Occupancy, rent, utilities, and maintenance	14
Ŵ	15	Printing, publications, postage, and shipping.  Other expenses (describe	15
	16	Other expenses (describe > Schedule Utack	
	17	Total expenses. Add lines 10 through 16	b 17 51,011.62
Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) end-of-year figure reported on prior year's return)	
Net Assets	00		19 344, 424
Ž	20	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 .	21 278, 39806
P	21 art		
	<u> </u>	(See the instructions for Part INCCETVED	(A) Beginning of year (B) End of year
22	2 C		144 429 6822 278, 398 UL
23		191	23
24		and and buildings	) 24 d
25		otal assets	249 429, 25 278 398 4
26	T	otal liabilities (describe ► OGDEN, UT	26
27	<u> N</u>	let assets or fund balances (line 27 of column (B) must agree with line 21) .	244429 KS 27 278, 398 VB
For	Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat. No 10642l Form <b>990-EZ</b> (2009)

Dar	Statement of Program Service Accomp	lichments (See the insta	etions for Part III	\		T ugo Z
What Desc manr	is the organization's primary exempt purpose? I ribe what was achieved in carrying out the organer, describe the services provided, the number of	Procude Communanization's exempt purpos	la Conventa (	d concise	501(c) organ 4947(	Expenses ired for section (3) and 501(c)(4) izations and section a)(1) trusts; optional
each	program title.	_			for oth	ners.)
28	who thoused su	Composed et	Ja Commi			
	(Grants \$ ) If this amount i	ncludes foreign grants, che	eck here	<u>. ▶ ⊔</u>	28a	
29						
	(Grants \$ ) If this amount i	ncludes foreign grants, che	eck here	<u>. ▶ ⊔ </u>	29a	
30	(Create © ) Mahin amanah i	includes foreign grants, che			30a	
•					Sua	<del></del>
31	Other program services (attach schedule)				ایرا	
		includes foreign grants, che		<u>. ▶ Ų</u>	31a	
	Total program service expenses (add lines 28a th			P	32	tions for Dark IV()
Par	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not pald, enter -0)	(d) Contribution employee benefit deferred comper	plans &	(e) Expense account and other allowances
	all officers and Boar	d Members	CueVolu	rleer	2	
		ot Opid			_	
^	0 1 0 1 1 0					
<u>K</u> ic	hand It dudson	President	· 60—	, 0		0_
	Janes M. Coolis					
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	ten Sapera	Vice Prosidet	0	0		0
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			<del></del>			
					·	
•••••						

	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		レ
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
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 why the organization did not report the income on Form 990-T.	1		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1/
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	-2-	المسائد	
ь 38а	Did the organization file Form 1120-POL for this year?	37b		200
<b>90</b> a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	شقت	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	- 4	See.
39	Section 501(c)(7) organizations. Enter:	] -3		
а	Initiation fees and capital contributions included on line 9	] <u>;</u>	الجائمينون	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	24, 27	100	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	(F1)		
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>李</b>	A. C. C.	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		15.53.54 15.53.54	
е	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	40e	£.	がレ
41	List the states with which a copy of this return is filed. ▶			
42a		10b- 60 C		50
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		Yes	No
	account)?	42b	G 2-47	1
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	تتنقعد	V
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	5	Yes	No
	Form 990-EZ	44	ر دست	
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	45		E

Form 990-EZ (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt charitab table trusts mus	le trusts only. A t answer questio	II sect ns 46	ion -49b
46	Did the organization engage in direct or indirect					res No
	candidates for public office? If "Yes," complete				46	<u> </u>
47	Did the organization engage in lobbying activities				47	_
48	Is the organization a school as described in section		•		48	
49a	Did the organization make any transfers to an ex				49a	
_ b	If "Yes," was the related organization a section 5	•			49b	
50	Complete this table for the organization's five hi employees) who each received more than \$100,					
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) (	Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		ount and allowances
	all officers	are Volein	cer			
	$\sim$	Conservato	h			
		V			<u> </u>	
			1	(	ĺ	
	7.1.1		<u> </u>	<u> </u>	<u> </u>	
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inde		ors who each rec	eived r	nore tha
	Complete this table for the organization's five	highest compensated inde n. If there is none, enter "N	lone."	ors who each reco		nore that
	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde n. If there is none, enter "N	lone."			
	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde n. If there is none, enter "N	lone."			
	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde n. If there is none, enter "N	lone."			
	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each Independent contractor	highest compensated inden. If there is none, enter "N paid more than \$100,000	(b) Ty;			
	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inden. If there is none, enter "N paid more than \$100,000	(b) Ty;			
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each Independent contractor	highest compensated inde n. If there is none, enter "N paid more than \$100,000  each receiving over \$100,0	(b) Type (b) Type (b) Type (c)	tements, and to the best	(c) Com	ipensation
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor  (b) Name and address of each independent contractor  (c) Variety of other independent contractors  Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	highest compensated inde n. If there is none, enter "N paid more than \$100,000  each receiving over \$100,0	(b) Type (b) Type (c)	tements, and to the best	(c) Com	ipensation
51  d	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor  (a) Name and address of each independent contractors  Total number of other independent contractors of the penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration  Signature of officer  Type of print name and title	highest compensated inden. If there is none, enter "N paid more than \$100,000  each receiving over \$100,000  ed this return, including accompan of preparer (other than officer) is to	(b) Type (b) Type (b) Type (c)	tements, and to the best of which preparer has	st of my any know	knowledge wledge.
51  d	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor  (a) Name and address of each independent contractors  (b) Total number of other independent contractors of the penalties of perjury, I declare that I have examinated belief, it is true, correct, and complete. Declaration  Signature of officer  Type of print name and title  Preparer's signature	highest compensated inde n. If there is none, enter "N paid more than \$100,000  each receiving over \$100,0	(b) Tyr	tements, and to the best of which preparer has	st of my any know	knowledge wledge.
51  d Sign Here	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor  (a) Name and address of each independent contractor  Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration  Signature of officer  Type of print name and title  Preparer's signature  Firm's name (or	highest compensated inden. If there is none, enter "N paid more than \$100,000  each receiving over \$100,000  ed this return, including accompan of preparer (other than officer) is to	(b) Tyr	tements, and to the best of which preparer has	st of my any know	knowledge wledge.

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	of t	he organization	1 Y	Symphone	1 O	cha	tha	chic	Employe	r identifica	tion number 1695
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.
The 1 2 3 4		A church, co A school des A hospital of A medical re	onvention of chuseribed in section a cooperative l	ndation because it is: urches, or association on 170(b)(1)(A)(ii). (Att hospital service organ ation operated in conjuste:	of church tach Scho nization d	hes desc edule E.) escribed	ribed in s in sectio	ection 1 n 170(b)(	70(b)(1)(/ (1)(A)(iii).	A)(ī).	)(A)(iii). Enter the
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7 8 9		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 in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½ % 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 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
10 11		An organizat An organizat purposes of	tion organized a tion organized a one or more pul neck the box tha	n after June 30, 1975.  Ind operated exclusive and operated exclusive blicly supported organat describes the type of Type II C	ely to test yely for the nizations of suppo	t for publ ne benefi describe	ic safety. t of, to p d in section anization	See sec perform to on 509(a) and com	tion 509 he functi (1) or sec plete line	ons of, o ction 509( ss 11e thr	(a)(2). See section
е	A	persons other		tify that the organizat on managers and other or							
f g		organization	, check this box it 17, 2006, has	a written determinati  the organization acce							III supporting
h		and (iii) b (ii) A family (iii) A 35% c	pelow, the gover member of a pe controlled entity	r indirectly controls, eming body of the supperson described in (i) a of a person described ation about the support	ported or above? d in (i) or	ganizatio  (ii) above	n? .  ?	h person	s descrit		Yes   No
<u>n</u>		of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o		(v) Did y the organ col. (i)	ization in	organizat (ī) organi	s the ion in col. zed in the S.7	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
	- ·-										
— Tota	al										

tion A. Public Support lendar year (or fiscal year beginning in) > Gifts, grants, contributions, and	(a) 2005	(b) 2006				_
	(a) 2005	(P) 2006				
Gifts, grants, contributions, and		(b) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received. (Do not include any "unusual grants.")						
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 through 3	CONTRACTOR AND PROPERTY.	AND STREET	ACMEDICAL CRIMETERS	Marie Redical Date Street	Supposition and Control of the Contr	
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)						
Public support. Subtract line 5 from line 4.	但是明治学的	NAME OF STREET	SHIP SHIP SHIP	101 11 11 11 11 11 11 11 11 11 11 11 11	4000 S	
tion B. Total Support			<del></del>			
lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4			<u> </u>	<u> </u>		
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		SETTING TO SET THE SET OF	grant and the manufacture of a			
Total support. Add lines 7 through 10 .			<b>基别是实现</b> 和	HESS STALL		<u> </u>
Gross receipts from related activities, etc.	c. (see instruction	ons)			12	
organization, check this box and stop he	ere	<del></del>		h, or fifth tax y	ear as a secti	on 501(c)(3)
			<del></del>			
						<u>%</u>
						%_
and stop here. The organization qualifies	s as a publicly s	supported orga	nization			▶ 🗆
box and stop here. The organization qua	alifies as a publ	icly supported	organization .			▶ □
more, and if the organization meets the "	facts-and-circur	nstances" test,	check this box	and stop here	. Explain in Par	t IV how the
more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circum ances" test. The	nstances" test, o organization qu	check this box alifies as a publ	and stop here. icly supported or	Explain in Part ganization .	IV how the
	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 through 3  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)  Public support. Subtract line 5 from line 4.  Etion B. Total Support  Illendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc.  First five years. If the Form 990 is for organization, check this box and stop hetch of the organization qualifier and stop here. The organization meets the "organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "organ	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 through 3  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)  Public support. Subtract line 5 from line 4.  **Etion B. Total Support**  Illendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructic First five years. If the Form 990 is for the organization, check this box and stop here  **Etion C. Computation of Public Support Perce**  Public support percentage from 2008 Schedule A, Part 33% % support test—2009. If the organization did not and stop here. The organization qualifies as a publicly says support test—2008. If the organization did not on the computation of the programore, and if the organization meets the "facts-and-circumstances" test.—10%-facts-and-circumstances test—2008. If the organization meets the "facts-and-circumstances" test.—10%-facts-and-circumstances test.—2008. If the organization meets the "facts-and-circumstances" test.—10%-facts-and-circumstances test.—2008. If the organization meets the "facts-and-circumst	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 through 3  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)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, secon organization, check this box and stop here  Public support percentage for 2009 (line 6, column (f) divided by line 1  Public support percentage from 2008 Schedule A, Part II, line 14  33½ % support test—2009. If the organization did not check the box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test. The organization open test and the pr	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 through 3  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)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2008 Schedule A, Part II, line 14  33% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33% support test—2008. If the organization did not check a box on more, and if the organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization more, and if the organization meets the "fac	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 through 3  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).  Public support. Subtract line 5 from line 4.  **Total. Support line 5 from line 4.**  **Total Support line 6 from line 7 through 10   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 2005   (b) 2006   (c) 2007   (d) 2008    Amounts from line 4   (a) 200	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 through 3  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)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, sents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section C. Computation of Public Support Percentage  Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

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.)

Sec	tion A. Public Support	<u> </u>	11110 0 011 0				
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,105	64,085	13,992 13,992	68,48200	8038100	3470460
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	,				<del> </del>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1010527	14 606 41	73492,92	P848300	8038100	347 04 6 63
6	Total. Add lines 1 through 5	601024	<u> </u>	134425	68487	3038100	341040
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		·				<del></del>
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		-				a
C	Add lines 7a and 7b		Addition to the factor of the	NO SERVICE CONTRACTOR	ettiletti tatti tatti	A VALUE TO MAKE A WAY TO THE	ļ
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support llendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(c) 2007	4-0.000	(-) 0000	(0 T-1-1
		6010527	(b) 2006 ሁዛ ዕዪ <u>ና</u> ሣ፣		(d) 2008	(e) 2009 8038 196	(1) Total
9 10a	Amounts from line 6	6010511	WY OKS (	13901350	10843710	\$03K1*V	341046
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	`		_			
c 11	Add lines 10a and 10b		_ ^	_			
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 organization, check this box and stop	here	<u>, , , , , , , , , , , , , , , , , , , </u>	nd, third, fourt			on 501(c)(3)
Sec	tion C. Computation of Public Su	·		<del></del>		<del></del>	50%
15	Public support percentage for 2009 (lir				• • •		00% %
16	Public support percentage from 2008			<u></u>	· · · ·	16 1	0010%
	tion D. Computation of Investmen					142	0/
17	Investment income percentage for 200				olumn (f)) .	17	<del>%</del>
18	Investment income percentage from 20	208 Schedule /	a, Part III, line	1/	 and line 45 is :		
19a	33% % support tests - 2009. If the org	anization did N ox and etop b	ot check the D are. The order	iox on line 14, a ization qualifies	and IINO 15 IS I s as a publicly	nore man 33% supported org	%, and line anization ► □
b	33½ % support tests—2008. If the orgar line 18 is not more than 33½ %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	33%%, and
20	Private foundation. If the organization						

#### Athens Symphony Orchestra, Inc. Athens, Georgia June 30, 2010

Beginning Balance Checking Account July 1, 2009		\$24,822.02
Receipts:		
Sponsors	\$18,000.00	
Contributions	29,881.00	
Other Gifts	26,500.00	
Symphony Guild	6,000.00	
Sale of C.D's (Christmas Music)	136.56	
Total Receipts		80,517.56
Total Reccipts	_	\$105,339.58
<b>P.</b> 1		
Disbursements:		
Concert Expenses:	\$40.404.6C	
Printing and Advertising	\$12,101.66	
Postage and Mailing	1,756.65	
Music (Net)	2,225.83	
Scholarships	12,000.00	
ASCAP Dues	308.00	
Fax, Telephone and Internet Fees	1,376.65	
Office Expenses	1,624.53	
Other Concert Expenses	575.00	
Classic Center Rentals for Concerts	15,738.40	
Gift to University of Georgia	500.00	
Other	500.00	
Secretarial Services	2,274.90	
Other Corporate Registration	30.00	
Transfer for Investment	25,000.00	
Total Disbursements		76,011.62
Ending Balance Checking Account June 30, 2010		\$29,327.96

## Athens Symphony Orchestra, Inc. Athens, Georgia June 30, 2010

#### **Investment Accounts**

Beginning Balance, July 1, 200			\$219,607.63		
	Interest Received		\$4,462.47		
	Transfer	• •	25,000.00	29,462.47	
Ending Balance, June 30,2010				\$249,070.10	
			_		
Athens First					
Certificate			\$40,415.70		
Interest			576.40	\$40,992.10	
Certificate			\$54,009.10		
Interest			989.06	54,998.16	
Certificate			\$17,094.63		
Interest			347.92	17,442.55	
Certificate			\$25,000.00		
Interest			34.00	25,034.00	
First Madison Bank					
Certificate			\$55,001.36		
Interest			1,320.78	56,322.14	
First American Bank				00,0==:::	
Certificate			\$53,086.84		
Interest			1,194.31	54,281.15	
		Total	=	\$249,070.10	