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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30	, 2010
В	Check if applicable C D En	ployer identification number
	Address change Please use iRS AUGUSTA SYMPHONY GUILD, INC. 5	8-6044195
	. Ilahalor la o port 40000	lephone number
	Indial return India	•
	Termination Specific	06-733-6130
	Didate	oup Exemption
	Application pending Ni	umber •
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ▶	od X Cash Accrual
1		the organization is not i Schedule B (Form 990,
	Tax-exempt status (check only one) — X 501(c) (3) < (insert no.) 4947(a)(1) or 527 990-EZ, or 990-P	F)
	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are nor	mally not more than
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to fil	
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 198,592.
Pa	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	uctions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received	1 27,625.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 23,275.
l	4 Investment income	4 2,144.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less: cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
E	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	3
R = > = Z U	a Gross revenue (not including \$ 18,750. of contributions	l I
Ε	[eporte Ch.	
	b Less direct expenses other than fundraising expenses 6b 80,860.	64 600
	c Net income or (less) from seconal events and activities (Subtract line 6b from line 6a)	6c 64,688.
	7a Gos sales of inventory, less letters and allowances 7a	l . l
	b Less cost of goods sold 7b	<u>~</u> 1
	c Gross profit (bass) from sales of inventory (Subtract line 7b from line 7a) 8 Oher revenue (describe)	7c
	8 Other revenue (describe	8
_	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 117,732.
	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10 97,098.
_	11 Benefits paid to or for members	11
X	12 Salaries, other compensation, and employee benefits	12
P	13 Professional fees and other payments to independent contractors	13 575.
N S	14 Occupancy, rent, utilities, and maintenance	14
Ε	15 Printing, publications, postage, and shipping	15 1,589.
S	16 Other expenses (describe ► SEE STATEMENT 2	16 5,064.
	17 Total expenses. Add lines 10 through 16	17 104,326.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13,406.
А		15,400.
ΝŞ	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	140 903
9	figure reported on prior year's return).	19 140,803.
2010	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 154,209.
S P.a	ht 1 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	
0	(See the instructions for Part II) (A) Beginning of ye	
급 22		
ഗ 23		23
Q 24	· · · · · · · · · · · · · · · · · · ·	24
当 25	Total assets 140, 803	. 25 154,209.
三 25 26 27	· · · · · · · · · · · · · · · · · · ·	
Z 27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 140, 803	. 27 154,209.
CBA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Form 990-EZ (2009)
S	TEEA0803L 01/30/10	. ,

Form 990-EZ (20	-604	14195 Page 2								
What is the organizati	ion's primary exempt purpose? SU	PPORT OF THE AUGUS	TA SYMPHONY OR	CHESTRA	(Reg 501 (uired for section c)(3) and (4)				
Describe what wa	as achieved in carrying out the	ne organization's exempt purp	oses In a clear and co	oncise manner,	orga	nizations and section (a)(1) trusts, optional				
program title	rices provided, the Hamber of	persons benefited, or other i	relevant imormation for	eacn	for o	thers)				
28 ACTIVIT	TIES PROVIDE FUNDS	FOR SUPPORT OF THE	AUGUSTA SYMPH	ONY						
ORCHEST	TRA.									
(Grants \$	(Grants \$ 97,098.) If this amount includes foreign grants, check here 28a 99,540.									
29	31,030.711 (1)	is amount includes loreign gr	ants, theth here		20 a	33,340.				
					ł					
					ł					
) If th	iis amount includes foreign gr	ants, check here	<u> </u>	29 a					
30					l					
			. ~							
-,										
(Grants \$		is amount includes foreign gr	ants, check here	>	30 a					
	ram services (attach schedule	•								
(Grants \$		is amount includes foreign gr	ants, check here	>	31 a					
	ram service expenses (add li			<u> </u>	32	99,540.				
Part IV Lis	st of Officers, Directors,	, Trustees, and Key Em	ployees. List each or	ne even if not com	pens	ated (See the instrs)				
(-) N		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account				
(a) N	ame and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances				
PAT SHELTO	N	PRESIDENT	0.	dererred compense	0.	0.				
P.O. BOX 4		3.00	0.		0.	٥.				
AUGUSTA, G		3.00								
		VICE PRECIPENT								
MARTHA LONG		VICE PRESIDENT	0.		0.	0.				
P.O. BOX 4		3.00								
AUGUSTA, G										
ANDREA ADAI		VP COTILLION 09	0.		0.	0.				
P.O. BOX 4		3.00								
AUGUSTA, G	A 30909									
MARGARET T	YSON	VP WAYS & MEANS	0.		0.	0.				
P.O. BOX 4	0068	3.00								
AUGUSTA, G	A 30909									
KAREN HULL		VP COTILLION 10	0.		0.	0.				
P.O. BOX 4		3.00	.		٠.					
AUGUSTA, G		3.00								
DEBBI JONE:		RECORDING SEC.	0.	<u> </u>	0.	0.				
P.O. BOX 4		3.00			Ο.	0.				
AUGUSTA, G		3.00								
		CODDECTOND CTC								
JACQUELINE		CORRESPOND SEC	0.		0.	0.				
P.O. BOX 4		3.00								
AUGUSTA, G			<u> </u>							
RUTH BOVAR		TREASURER			0.	0.				
P.O. BOX 4		3.00								
AUGUSTA, G	A 30909									
SUSAN VERD	ERY	ASST TREASURER	0.		0.	0.				
P.O. BOX 4	0068	3.00								
AUGUSTA, G										
						· · · · · · · · · · · · · · · · · · ·				
										
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				I		İ				

	m 990-EZ (2009) AUGUSTA SYMPHONY GUILD, INC. 58-604419			age 3
Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEMI	ENT	3
			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		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			, ,
	a 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?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		·. Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 N/A			
	b Gross receipts, included on line 9, for public use of club facilities N/A			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	,	, ;	:
	section 4911 ► 0., section 4912 ► 0.	~	'	,
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	40 b		Х
	c 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		·	
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		. <u>.</u> Х
41	List the states with which a copy of this return is filed F GA			
	a The organization's books are in care of ► RUTH BOVARD, TREASURER Located at ► P.O. BOX 40068, AUGUSTA GA ZIP + 4 ► 30909	38-9 1	784_ 	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		- 1	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		χ
	If 'Yes,' enter the name of the foreign country.			<u> </u>
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			N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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		X
3AA	TEFA00131 01/20110	000		2000

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Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 46 X 47 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employe benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here RUTH BOVARD TREASURER Type or print name apdititle Preparer's Identifying Number (See instructions) Date Check if self-employed **Paid** Preparer's ÇΡ JONES, THOMAS W. ABV, CFP N/A Pre-JONES JONES DAVIS CPA P.C Firm's name (or parer's yours if self-employed), address, and ZIP + 4 3602 WHEELER RD Use N/A Only GA 30909-1826 AUGUSTA. Phone no (706)650-8877 May the IRS discuss this return with the preparer shown above? See instructions ►|X| Yes |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name (me of the organization Employer identification number										
		TA SYMPHONY ()4419 <u>!</u>	
Par	t I	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstruct	ions
The c	rga			ise it is (For lines 1 throi							
1		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l)(1)(A)(iii).			
4		A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Ei	nter the hospital's
		name, city, and sta									
5		¹ 170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university		•	_	_	nmental	unit de	scribed in section
6 7		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)									
8	L	A community trust	described in section 1	1 70(b)(1)(A)(vi). (Complet	te Part I	۱)					
9	X	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 org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).		
11	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										
	a Type I b Type II c Type III — Functionally integrated d Type III — Other										
е	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 509(a)(2)										
f	f 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										
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
											Yes No
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or i upported organization?	together	with pe	ersons d	escribed	d in (ii) a	and (III)	11 g (i)
		(ii) a family mem	iber of a person desc	cribed in (i) above?							11 g (ii)
		(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)
<u>h</u>		Provide the following	ng information about t	the supported organization	ons		, ··· - · · · · · · · · · · · · · · · ·		,		
(i) Name of Supported (ii) EIN Organization			(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in cold in your rrning ment?	the organ	rou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of Support	
					Yes	No	Yes	No	Yes	No	
									<u> </u>		
Total											

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

58-6044195 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 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 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form sımılar 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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									
Caler	ndar year (or fiscal yr 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 'unusual grants ')	26,996.	42,680.	30,230.	32,470.	50,900	183,276.			
2	Gross receipts from admissions, merchandise sold	20,330.	12,000.	30,230.	32,170.		103,270.			
	or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	60,833.	168,985.	147,636.	145,572.	145,548	668,574.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	00,000.	100, 503.	147,030.	143,372.	143,340	0.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
6	Total. Add lines 1 through 5	87,829.	211,665.	177,866.	178,042.	196,448	851,850.			
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0	0.			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the									
	year	0.	0.	0.	0.	0	0.			
	Add lines 7a and 7b	0.	0.	0.	0.	<u>0</u>	0.			
8	Public support (Subtract line			3 th ,	, , ,	^ \ \	051 050			
Sac	/c from line 6.) 851,850.									
	tion B. Total Support	(-) 000E	(h) 000C	/-> 0007	(-1) 0000	4-3 0000	(A T-1-1			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total . 851,850.			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	87,829. 3,056.	211,665. 5,538.	177,866. 5,757.	178,042. 3,253.	2,144				
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	3,030.	3,330.	3,737.	3,233.	2,144	0.			
	: Add lines 10a and 10b	3,056.	5,538.	5,757.	3,253.	2,144	. 19,748.			
11	Net income from unrelated business activities not included inline 10b, whether or not the business is									
	regularly carried on						0.			
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV	10.					10.			
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV Total support. (add ins 9, 10c, 11, and 12)	*,					10. 871,608.			
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV Total support. (add ins 9, 10c, 11, and 12)	*,	ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(10. 871,608.			
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV	is for the organization		d, third, fourth,	or fifth tax year as	s a section 501(10. 871,608.			
13 14 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organized stop here blic Support P	ercentage	-		s a section 501(10. 871,608.			
13 14 Sec 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organized stop here blic Support P 009 (line 8, column	ercentage n (f) divided by lin	-			10. 871,608. □			
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	is for the organization here blic Support P 009 (line 8, columnation of the second of	ercentage n (f) divided by lin Part III, line 15	e 13, column (f))		15	10. 871,608. □ P7.7%			
13 14 Sec 15 16 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor	ercentage n (f) divided by lin Part III, line 15 ne Percentage	e 13, column (f))		15	10. 871,608. □ P7.7%			
13 14 Sec 15 16 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f	us for the organization here blic Support P 1009 (line 8, column 12008 Schedule A, 10estment Incor 10or 2009 (line 10c,	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	e 13, column (f))		15 16	10. 871,608. c)(3) ► □ 97.7 % 97.6 %			
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from Public support percentage from Investment income percentage for Investment income percentage for 33-1/3 support tests – 2009. If the comore than 33-1/3%, check this be	us for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, from 2008 Schedul organization did not oox and stop here	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on I The organization	e 13, column (f)) d by line 13, colu 17 ine 14, and line 15 qualifies as a pu	mn (f)) is more than 33-1/3 iblicly supported o	15 16 17 18 %, and line 17 is organization	10. 871,608. c)(3) ► □ 97.7 % 97.6 % 2.3 % 2.4 % not ► [X]			
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f 133-1/3 support tests — 2009. If the computation of the more than 33-1/3%, check this bus not more than 33-1/3%, check	us for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, from 2008 Schedul organization did not oox and stop here the organization did this box and sto	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on I The organization d not check a box p here. The organi	e 13, column (f)) d by line 13, colu 17 ine 14, and line 15 qualifies as a pu ton line 14 or 19 ization qualifies a	mn (f)) is more than 33-1/3 iblicly supported of a, and line 16 is response a publicly supported supported to the first response a publicly supported to t	15 16 17 18 %, and line 17 is organization more than 33-1/3 orted organization	10. 871,608. c)(3) 97.7 % 97.6 % 2.3 % 2.4 % not X 8%, and line 18			

Schedule A	(Form 990 o	r_990-EZ)	2009	AUGUSTA	SYMPHONY	GUILD,	INC.	58-6044195	Page 4
Part IV	Suppleme	ntal Info	ormat	ion. Compl	ete this par	t to provid	e the	explanations required by Part II, line 10	;
	Part II, line	e 17a or	17b;	and Part II	1, line 12. F	Provide an	y othe	58-6044195 explanations required by Part II, line 10 r additional information. See instruction	5
									
				- 					
			- -						
		_							
		- -							

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

2009

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization						Employer identifica		
AUGUSTA SYMPHONY GUILD, I	NC.					58-6044195		
Part I Fundraising Activities. Completer 990EZ filers are not requ	ete if the organ	nization ar ete this pai	nswered 'Y rt	es' to Form 990, Part I	V, line	17		
1 Indicate whether the organization r	aised funds thi	rough any	of the follo	owing activities Check	all that	apply		
Mail solicitations				Solicitation of non-				
Internet and email solicitations				Solicitation of government grants				
Phone solicitations				Special fundraising		9		
—				opecial fundraising	events			
In-person solicitations	or oral agreeme	nt with an	v individu	al (including officers, di	rectors	trustees or key		
2a Did the organization have written or employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	services	57	Yes No	
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (fund	lraisers) p	ursuant to agreements	under w	hich the fundra	iser is to be	
					(v) Ar	nount paid to		
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	` (or	retained by)	(vi) Amount paid to	
or entity (fundraiser)		nave custod	ty or control butions?	from activity	tunar	aiser listed in col (i)	(or retained by) organization	
			r·				Organization	
		Yes	No					
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Total			▶	1 - 1 (1 1 1 1	<u> </u>			
List all states in which the organize or licensing.	ation is registe	rea or lice	nsea to so	olicit funds or has been	notined	it is exempt ire	om registration	
or moonering.								
								
				 				

Page 2

Pai	π 11	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than	\$5,00	0.		
RE			(a) Event #1 DEBUTANTE COTI (event type)	(b) Event #2 KITCHEN TOUR (event type)	(c) Other Events	(d) Tota (Add col	al Even	ts		
REVERUE	1	Gross receipts	102,360.	60,398.		1	.62,7	58.		
Ĕ	2	Less Charitable contributions	3,250.	15,500.			18,7	50.		
	3	Gross income (line 1 minus line 2)	99,110.	44,898.		1	44,0			
	4	Cash prizes						<u> </u>		
	5	Noncash prizes								
D I R E C T	6	Rent/facility costs								
	7	Food and beverages								
X P	8	Entertainment								
EXPENSES	9	Other direct expenses	66,580.	12,678.			79,2	58.		
	11	Direct expense summary Add lines 4- to Net income summary Combine lines 3, of the combine lines 4.	column (d) and line 10		•		79,2 64,7	50.		
Par	Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.									
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	I gamıı (a) thro (c))	ng pugh		
	1	Gross revenue								
D X I P	2	Cash prizes								
D I RECT	3	Non-cash prizes			···					
S	4	Rent/facility costs						·		
	5	Other direct expenses								
	6	Volunteer labor	Yes%	Yes%	Yes%					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•					
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•					
						····	YES	NO		
	ls th	er the state(s) in which the organization of ne organization licensed to operate gamino			·					
t	N' II C	o,' explain								
10 a	Wer	e any of the organization's gaming license	revoked, suspended	or terminated during the	e tax year?	 10a				
		es,' explain	, 	g the	,	100				
11		s the graphy attended to the company of the company								
11 12		s the organization operate gaming activition to organization a grantor, beneficiary or tri		mber of a partnership of	r other entity formed to	0 11		•		
RAA	adm	inister charitable gaming?				12	Ш			

Schedule G (Form 990 or 990-EZ) 2009 AUGUSTA SYMP.	HUNI GUILD, INC.	58-604419	<u> </u>		age 3
•				YES	NO
13 Indicate the percentage of gaming activity operated in.				٠.	r
a The organization's facility .		13a %	, , <u> </u>		
b An outside facility		13b %	-5		,
14 Enter the name and address of the person who prepar	es the organization's gaming/special	events books and records		· ·	ı
Name •					
Address -					
15a Does the organization have a contact with a third party	9		15 a		-
b If 'Yes,' enter the amount of gaming revenue received of gaming revenue retained by the third party \$		and the amount			
c If 'Yes,' enter name and address of the third party			i	•	
Name •					
Address. •					
16 Gaming manager information					
Name •					
Gaming manager compensation ► \$					
Description of services provided					~` ~
Director/officer Employee	Independent contracto	or			
17 Mandatory distributions			я .	¥4	
a Is the organization required under state law to make c state gaming license?			17a	-	
b Enter the amount of distributions required under state	•	organizations or spent in the			m ,
organization's own exempt activities during the tax year				\	
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	Jor 99	30-EZ)	2009 (

2009 PAGE 1 FEDERAL STATEMENTS AUGUSTA SYMPHONY GUILD, INC. 58-6044195 STATEMENT 1 FORM 990-EZ. PART I. LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID** CLASS OF ACTIVITY: CONTRIBUTION DONEE'S NAME: AUGUSTA SYMPHONY ORCHESTRA DONEE'S ADDRESS: 1301 GREENE STREET AUGUSTA, GEORGIA 30901, 97,098. CASH AMOUNT GIVEN: \$ **STATEMENT 2** FORM 990-EZ, PART I, LINE 16 **OTHER EXPENSES** 800. CONFERENCE \$ FEES & DUES 30. FIRST VP FUND 250. 1,000. INSURANCE 249. MEETING EXPENSE 241. **MEMORIALS** 50. **MISCELLANEOUS** 209. NEW MEMBER DEVELOPMENT POPS DECORATIONS 1,223. 44. POST OFFICE BOX RENTAL 488. YEARBOOK

STATEMENT 3 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

YOUNG ARTIST COMPETITION

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

480.

5,064.

TOTAL \$

NO

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

AUGUSTA STIMITION I GUILD. INC	AUGUSTA	SYMPHONY	GUILD.	. INC.
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58-6044195

PART III	LINE 12	- OTHER	INCOME
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NATURE AND SOURCE		2009	2008	2007	2006	2005
OTHER REVENUE	COTAL \$	0.	\$ 0.	\$ 0.	\$ 0.	\$ 10. \$ 10.