

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



1 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Оме No. 1545-1150

2011

Open to Public Inspection

		2011 calendar year, or tax year beginning , 2011, and ending , 2011, and ending	e E	D ,20\V
В	Check if a			lentification number
H	Address of			8-1481695
H	Name cha Initial retu		phone n	. <i>C</i> .
	Terminate	d 100 B SIMI LONG MILE		54.509
	Amended		-	mption
Ŭ			nber	
				if the organization is not
		· 		ach Schedule B 0-EZ, or 990-PF).
	Check >			
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be red		
		nization chooses to file a return, be sure to file a complete return.	4uou	1000 mon donor 10/1. Dat m
L	Add lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
li	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I	<u> </u>	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	1	81,765.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,877.75
	5a	Gross amount from sale of assets other than inventory 5a		
	b c	Less: cost or other basis and sales expenses	50	
	6	Gaming and fundraising events	5c	
	a	Gross income from gaming (attach Schedule G if greater than	,	
e	-	\$15,000)		
Revenue	ь	Gross income from fundraising events (not including \$ 35, 523.30 of contributions	1.5	
Ř	1	from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000)	• []	
	C	Less: direct expenses from gaming and fundraising events 6c \ \1031_0084		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		2516246
		line 6c)	6d	25167,
	7a	Gross sales of inventory, less returns and allowances	0.42	
	b	Less: cost of goods sold		
	8	Other revenue (describe in Schedule O)	7c 8	: 1712 (/
	9	Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	110.018 36
	10	Grants and similar amounts paid (list in Schedule 0)	10	110,010, 40
	11	Benefits paid to or for members	11	0
Ś	1	Salaries, other compensation, and employee benefits GDEN 117	12	0
nse	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
ũ	, .0	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	·
	17	Total expenses. Add lines 10 through 16	17	<u> </u>
ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30, 685 85
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		271 05/258
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	19	0 11 DA
Ne.	21	Net assets or fund balances at end of year. Combine lines 18 through 20	20	202,64243
	,			

Cat. No. 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Par	Balance Sheets. (see the instructions	for Part II.)				•
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			27, 951, 58	22	362 64242
23	Land and buildings			~ 11, 1-21.00 .	23	- ALBIE
24	Other assets (describe in Schedule O)				24	
25	Total assets			271 956.38	25	302 64243
26	Total liabilities (describe in Schedule O)			411-12-430	26	
27	Net assets or fund balances (line 27 of column			271,956 58	27	30264243
Part				art III.)		
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	Communita				uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis		,			nizations and section
as m	easured by expenses. In a clear and concise months benefited, and other relevant information for ea	anner, describe the				(a)(1) trusts; optional thers)
28	Grants \$ (Grants \$) If this amount	lesed of Vol	untura Pa	O	28a	,
29					,	
	·				,	
					,	_
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	
30						
						1
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)		<i></i>	· · · · · · · · · · · · · · · · · · ·	}	}
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	
Part	,,,,,,,,,,,,,,,,,,					
	Check if the organization used Schedule	O to respond to a			<u></u>	<u> </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ot	Estimated amount of their compensation
a	U Ollius and Board	mambas)			
	NU	65.0	_ `			
	the Volunteers	(Not O	(A)	[(
					1	
			<u></u>		_	
			}		1	
				l		
	den saveral	Meridant	0	(5)		\bigcirc
•			L			
		10				
	(Sound to little)	V. Press.	0		- [0
	^	1	ł	1		
	Janes Gools		_			
		Neasma			1	0
		 			+	
	,	1				
		 	 		+-	
		1	Ì		l	
		 	 	 	+-	
		1	1	1	1	
		 	 	 	+-	
		4]	-	

Fart				ń
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	一
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	_	X
36	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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	2000	-	****
b 38a	Did the organization file Form 1120-POL for this year?	37b	- AT	X,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	عنده	X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	* * *		
оэ a	Initiation fees and capital contributions included on line 9	10.25		1
	Gross receipts, included on line 9, for public use of club facilities		100	1823
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	選	核	4
	section 4911 ►; section 4912 ►; section 4955 ►	5.7	100	7
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	17.00	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	£ 95.	1	16 00 T
	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			
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	ŹĔ.	Ž
41	List the states with which a copy of this return is filed. ▶	-,- <u>-</u> =		
42a		005		
D	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)?	42b	Yes	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 Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ا .	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	E SE	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	N. Carlotte	X

							-	
Form 9	- 0-EZ-(2011)		-			•	¹ p	age 4
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	indirectly, in political of	campaign activities on	behalf of or	in opposi	tion	Yes	No
Part	Section 501(c)(3) organization 501(c)(3) organizations and sect	s and section 4947 tion 4947(a)(1) none	7(a)(1) nonexempt of xempt charitable true	charitable	trusts on	ly. All sec		<i>Z</i>
	and 52, and complete the tables Check if the organization used So			his Part VI				г
			z to any goodien in t		<u> </u>		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	rt II				tax 47		X
48	Is the organization a school as described	, , , ,				. 48		X
49a b	Did the organization make any transfers of "Yes," was the related organization as		_				 	×
50	Complete this table for the organization'	s five highest comper	nsated employees (oth	ner than offic	ers, direct	ors, truste		d ke
	employees) who each received more tha	n \$100,000 of compe	nsation from the organ			e, enter "N	lone."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee and deferred	(e) Estimate other com		
		-						
	the Small	nuses?					_	
	100 11172	0					_	
		<u> </u> 						
_ f	Total number of other employees paid or							.
51 	Complete this table for the organization \$100,000 of compensation from the org			contractors	who eacr	received	more	tnar
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	rice	(c)	Compensati	on ———	_
	3 ml							
			·					
								•
					h - a			
d 52	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note: All section 5	501(c)(3) organizations	and 4947(a		<u>′</u> ▶		No.
Under p	penalties of penury, I declare that I have examined this irrect, and complete. Declaration of preparer (other than	return, including accompar	nying schedules and stateme	ents, and to the	best of my kr			
	Marginia	VEN .		0	lou-1	+.20	<u> </u>	
Sign Here	specifical TANS	CORIEX	- Thearun	Date	ė	•		

(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.

Department of the Treasury Internal Revenue Service

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

20\11
Open to Public Inspection

ONIBL No 1545-0047

Name	OH em	Sim	honer One	hest	às. c	fre			- <u>1</u> 48	1695
Pai	t Reason f	or Publid Cha	rity Status (All orga	nization	s must c	omplete	this par	t.) See ii	nstructio	ns.
The o	organization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)		
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3			spital service organiza							
4		earch organizatione, city, and state	on operated in conjunc e:	ction with	a hospit	al descrit	oed in se	ction 170)(b)(1)(A)((iii). Enter the
5		on operated for to the composition of the compositi	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a gov	vernment	al unit described in
6			nment or government							
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governn	nental un	it or from	the general public
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	art II.)				
9 '										
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio i	n 509(a)(4	4).	
11			d operated exclusive							or to carry out the
			licly supported organ							
	509(a)(3). Che	ck the box that o	describes the type of :	supportin	ig organiz	zation and	d comple	te lines 1	1e throug	jh 11h.
	a 🗌 Type I	b 🗀 '	- 1	• •	III-Funct	•	_			Type III-Other
e	other than fou	ndation manage	that the organization ers and other than one							
_	or section 509			_			-			
f	organization, o	check this box .	written determination							e III supporting
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	ny of the		
			ndirectly controls, eithody of the supported o				persons (described	in (ii) ar · · ·	nd Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii) 📉
			a person described in							11g(iii)
<u>h</u>	Provide the fo	llowing informati	on about the supporte	ed organi	zation(s).					
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	zed in the	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	
<u></u>						i				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	· · · · · · · · · · · · · · · · · · ·	WHILE WAY		7						

	م					Ver	rsion A, cycle 1
Schedu Part	le A (Form 990 or 990-EZ) 2011 Support Schedule for Organiza	otiona Dogar	ibad in Cast	- 170/b\/4	VAVist and	170/h)(1)(A)(Page 2
rart	(Complete only if you checked the	he hox on line	5 7 or 8 of	Part I or if the)(A)(IV) and e organizatio	n failed to an	i) Slife complex
	Part III. If the organization fails to	o qualify und	er the tests lis	ted below. p	lease comple	ete Part III)	ality under
Secti	on A. Public Support	- 4				1.7	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2071	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-				·	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			The state of the s			
6	Public support. Subtract line 5 from line 4.	745 F 1	秦九四	*4- *	*		
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	_					
11	Total support. Add lines 7 through 10					. :	
12	Gross receipts from related activities, etc					[12]	501()(0)
13	First five years. If the Form 990 is for the	-					. –
Coati	organization, check this box and stop he on C. Computation of Public Support			· · · · · ·			· · U
14	Public support percentage for 2011 (line			1 column (f)		14	%
15	Public support percentage for 2011 (interpretation 2010 Scientific					15	<u>%</u>
16a	331/3% support test—2011. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, and	d line 14 is 33¹		neck this
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization qualifie	s as a publicly	supported org	janization .		. ▶ □
	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	eets the "facts- facts-and-circu	and-circumsta umstances" tes	nces" test, chest. The organization	eck this box ar ation qualifies	nd stop here. E as a publicly su 	xplain in upported . ► □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is part IV how the organization is	ition meets the	e "facts-and-ci	rcumstances"	test, check the	nis box and sto	op here.

18

18

20

Schedul	e A (Form 990 or 990-EZ) 2011			-		بير €	^
Part		ations Descr	ibed in Sect	ion 509(a)(2)			. age O
	(Complete only if you checked the					to qualify und	ler Part II.
	If the organization fails to qualify						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	734454	68487	8038100	55,805 W	31765 6	
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					- WI 142 -	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	7394280	LB 48200	8038100	5580561	हा गाउँक	
b	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	`	-		,		
С	Add lines 7a and 7b					_	
8	Public support (Subtract line 7c from line 6.)			***	100 miles	地震的	<u> </u>
Secti	on B. Total Support	·		·	<u>,</u>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	7399240	PX48720	80381.a	558(126)	8176500	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	_				1877\$	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						f
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					2636	
13	Total support. (Add lines 9, 10c, 11, and 12.)					11001876	
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		n, or fifth tax ye	ear as a sectio	
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line					15	10000%
16	Public support percentage from 2010 Scl			· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	16	1000/1%
	on D. Computation of Investment In			us line 40 met	(6)	17	%
17	Investment income percentage for 2011 (une IUC, COIUN	ııı (ı) aivided C	y iine 13, colui	mn (I))	11/1	

Investment income percentage from 2010 Schedule A, Part III, line 17

331/3% support tests-2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . 331% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331%, and line 18 is not more than 3312%, check this box and stop here. The organization qualifies as a publicly supported organization

%

Athens Symphony Orchestra, Inc. Athens. Georgia

June 30, 2012

Beginning Balance, Checking Account, July 1, 2011			\$20,572.69
Receipts:			
Sponsors		\$17,000.00	
Contributions		28,765.00	
Special Gifts		36,000.00	
Fund Raising Events		35,523.30	
Sale of CD's Christmas Music		1,213.05	
Total Receipts			118,501.35
·		•	\$139,074.04
Disbursements;			
Concert Expenses			
Printing and Advertising	\$9,992.84		
Mailing Costs	5,159.13		
Music	2,744.67		
Scholarships	15,375.00		
ASCAP and other Dues	670.00		
Office Expenses	1,853.55		
Other Concert Expenses	817.46		
Fax, Telephone and Internet	964.00		
Classic Center	25,635.35		
Corporate Fee	50.00		
Other Expenses:			
Special Expenses Designated	3,366.90		
Web Expenses	3,965.00		
Equipment	3,362.86		
Secretarial Services	2,782.20		
Fund Raising Expenses	10,360.84		
Christmas Expenses	1,743.45		
Contribution UGA	500.00		
Other Gifts, Flowers etc.	350.00		
Total Disbursements			89,693.25
Ending Balance, Checking Account			\$49,380.79