Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 601(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 \$1,000,000 and total assats less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2008

Open to Public

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Name and state of Property Identification number Section 1972		Cusck ii abbitcable:	Please C Name of greanization	July 1	, 2008, and en	ding	June 30	
Internation				N- 01 .			D Employer	
Secretary Description Secretary Company		- -	print or Number and street for B.O. h.	n Urchestra				
Aprilation periods Section Sec		=	See 115 Penn Warren Dr. C.	ax, if mail is not delivered	to street address)	Room/sulte	Telephone	number
Section 6016(pt) organization and 48017(pt) nonexampt charitable trusts must attach a completed Schedule A (Form 980 or 980-EZ). 1 Website: ▶		Amended return	Specific City or town state or country	te 300-330			_	
Bection 60f(c)(g) organizations and 4967(a)(f) onessempt charitable trusts must ettach a completed Schedule A from 980 or 950-E27. Websites: ▶ www.williamsoncountyyourthorchestra.org	,	Application pending	tions. Brentwood TN 37027	and 21P + 4			Group Eve	motion.
Website: ▶ www.williamsoncountyyourthorchestra.org Jongentzation type (check only only— Sotio(1, 3) • Gingert no. 4947(al(1) or 527		• Section 501(c)(3)	organizations and 4947(a)(4)				Number .	▶
Other (speechy) ► www.williamsoncountyyourthorchestra.org J Organization type (check only one) □ Sot(e) (3) = (insert ne.) □ (4947(a)(1) or □ Sot 1 or Organization is not required to attach Schedule B (Form 990, 1900 E.c.) or other population is not a section 509(a)(s) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Lack titles 5b, 5b, and 7b, to time 9 to determine gross receipts: #151,000,000 or room, file Form 990 text 2			a completed Schedule A (Form St	mpt charitable trusts Vi or 900.53	must attach	G Accoun	ting method	
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23 Land and buildings Cither assets (describe ➤ Pre-paid ins. & rent, undistrib KrogerCares cards Total assets Total liabilities (describe ➤ Ad placed in Parent Magazine Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Farence 10,497 22 17,687 24 435 10,497 25 18,122 480 26 440 10,017 27 17,682		Angui saviitha' suud	l INVESTMENTe			A) Beginning	of year	(B) End of year
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Total liabilities (describe ➤ Ad placed in Parent Magazine Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Farence		Unner assets (descri	the ▶ Pre-paid ins. & rent, undie	trib KrogerCarac			23	
Total liabilities (describe ► Ad placed in Parent Magazine 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwerk Reduction Act Notice, see the instruction for Expenses. 10,497 25	_) -			435
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17.682					11) -			
		···> wer and sabeld	work Heduction Act Notice, see the i	nstruction for Form 9	00		,017 27	17,682

Cat. No. 106421

Form 990-EZ (2008)

Part III St	stement of Program Carries Asses					Page
	stement of Program Service Accor	npilisnments (See the in	structions for Part	III.)	_	Expenses
Decoribe what	panization's primary exempt purpose?	Promote Music Ed & orc	hestral experience	s for youth	(Hed	quired for 501(c)(3)
describe the ser	was achieved in carrying out the organi- vices provided, the number of persons b	zation's exempt purposes.	In a clear and con	cise manner,	and	(4) organizations 4947(a)(1) trusts; onal for others.)
29 Provided w	weekly rehearents (with periodic seet	enches, or other relevant if	normation for each	program title.	opti	onal for others.)
for 110 et	veekly rehearsals (with periodic secti	onals and guest conduct	ors) resulting in 4	concerts		
10/ 110 314	dents from Williamson County and th	ne surrounding area.			ł	j
(Canada B					ĺ	•
(Grants \$	100	ludes foreign grants, chec	k here	. ▶ □	28a	27,163
29	***************************************	******************	***************************************			
**********						1
Grants \$) If this amount inc	dudes foreign grants, chec	k here	. 🕨 🗖	29a	
30						

(Grants \$) If this amount inc	ludes foreign grants, chec	k here	▶ □	30a	
31 Other progra	ann services (attach schedule)				Jua	
(Grants \$) If this amount inc	hidas familia ameir aba-	As because	. —	244	
32 Total progra	nin selaice exbeuses (SCC liues 589 f	broudh 31ai			31a	A = 44=
Part IV List	of Officers, Directors, Trustees, and Key	Employees, List each one ex	on if not component	od (Con the be	32	27,163
		(b) Title and average	(c) Compensation	(d) Contribution	TUCKO	
	(a) Name and address	(b) Title and average hours per week devoted to position	(if not paid,	employee benefit a	a ensk	(a) Expense account and
Paul Morris			enter -0)	deferred compen	sation	other allowances
103 Riverwood	Dr Franklin TN 37069	President / 3 hrs				
Paul Ross			0		0	0
5101 Cornwall	Dr Brentwood TN 37027	Vice President / .5 hrs		ì		
Lawrence Riffe		<u> </u>	0		0	0
333 Dandridge		Secretary / 2		1		
Amy Phillips	Tidikar IN 57007		0		0	0
	Road Nashville TN 37211	Treasurer / 4 hrs		•		
COUNTY THAT	TIONG TRASTIVING THE STEET	 	0		0	0
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2	Other Information (Note the statement requirements in the instructions for Part VI.)			rage
			Yes	N
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or governing description.	33		1
34	attach a conformed copy of the changes			T
35	not reported on Form 990-T, attach a statement explaining your research for each monthly to the control of the			 ✓
	and proxy tax requirements?			
-	"""- " """- " """ " " "" " " " " "	35a 35b		1
	complete applicable parts of Schedule N			
37	I Enter amount of political expenditures, direct or indirect, or decade at the state of the stat	36		✓
•	P DIG the digulation lie room 1120-POL for this was?	37Ь	100	1
	any such loans made in a prior year and etill uppoid at the state of the state of trustee, or key employee or were	38a		V
39		0.00		<u> </u>
	Coddit Cotton Co	7 1		
i	Initiation fees and capital contributions included on line 9		j.	
_	TO TO TO TO THE STATE OF THE ST]	, i.,	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911 ; section 4912 ; section 4915 ; section 4955 ;	7 1		
_	during the year or did it become aware of an excess benefit transaction			
C	L, Part I Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		<u> </u>
d	Enter amount of tax on line 40c reimbursed by the organization .	.	1	
8		- 📗		
41	transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed.	40e		7
42a	The heater are to the second of the second o			
	Located at ▶ 100 Westwood Place Suite 440 Brentwood TN At any time during the color of ▶ Amy Phillips Telephone no. ▶ (615)) 376	-021	9
Ь		3702	7	•••••
	At any time during the calendar year, did the organization have an interest in or a signature or other authority account)?			
	account)?		es_	
	If "Yes," enter the name of the foreign country: ▶	42b	_	<u> </u>
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
13	Section 4947(a)(1) nonexempt charitable to ste filing Form con 57 / #			
	and enter the amount of tax-exempt Interest received or accrued during the tax year	· · ·	. •	· 🗆
4	Did the organization maintain any donor advised funds? If we are		es I	Vo.
_	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1		
5	s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	+	<u>/_</u>
		45		_
	Fo	m 990-E	Z (2)	(800

Part V		All section 501(c)(3)	rnan	izatione mu	et anewer avect	one A	F 40	Page
	and complete the tables for lines 50 a	nd 51.	Ji gaii	12000115 1110	ar ariswer quest	UIIS 4	0-49	
46 Did	the organization engage in direct or indirect p	olitical campaign activitie	s on l	behalf of or i	n opposition to		Yes	N
car	nalidates for public office? If "Yes," complete S	chedule C, Part I				46		√
47 Did	the organization engage in lobbying activities	? If "Yes," complete Sche	dule (C. Part II .		47	<u> </u>	_✓
48 Ist	the organization operating a school as describe	ed in section 170(b)(1)(A)(i	1)? If "	Yes," compl	ete Schedule E .	48	_	1
b If "	I the organization make any transfers to an exe Yes," was the related organization(s) a section	Ent non-charitable relate	ed org	anization?		49a		┸
50 Co	mplete this table for the five highest compense	ozi Organization:	 	on dines		49b	Щ.	<u></u>
eac	h received more than \$100,000 of compensati	on from the organization.	ona If the	re is none, e	s, rustees and ke nter "None."	/ emple	oyees) W
								
(6	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c)	Compensation	(d) Contributions to employee benefit plans &		Expension an	
NONE		devoted to position	+-		deferred compensation		Bowar	
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	*************************************		1		}			
			┼	 -				
			1		}			
	nber of other employees paid over \$100,000 ▶		1-					
51 Con	mplete this table for the five highest compensa appensation from the organization. If there is no	ted independent contract	ors w	ho each rece	lived more than \$1	00,000	of	
		rie, enter "None."						
	(a) Name and address of each independent contractor p	aid more than \$100,000		(b) Tyr	on of service	(c) Com	noneat	ioo
NONE	***************************************					(5) 5011		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1			

					1			
Total nun	ther of other independent contractors and							
	the rotation of the independent contractors each recurrence under penalties of periury. I declare that I have examine	elving over \$100,000	.▶					
	Under penalties of perjury. I declare that I have examine and bellef, it is true, correct, and complete. Declaration	n of preparer (other than officer)	inying :	schedules and s ed on all inform	tatements, and to the b	est of my	knowl	edg
Bign	1 - 1mm Khul/1:	 ب		1		·es arry	HUNCWK	a G G 6
lere	Signature of officer		 -		9.16.09 ate			
	Amy Phillips, Treasurer			U	110			
	Type or print name and titte.							

Date

Check if selfemployed ▶

EIN

Phone no. ► (

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid

Preparer's

Use Only

.▶ ☐ Yes ☐ No Form 990-EZ (2008)

Preparer's identifying Number (See instructions)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number Williamson County Youth Orchestra Reason for Public Charity Status (All organizations must complete this part.) (see instructions) 1693369 The organization is not a private foundation because it is: (Please check only one organization.) 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.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: section 170(b)(1)(A)(iv). (Complete Part II.) ☐ 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 33% % 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% % 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.) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b 🔲 Type II c Type III-Functionally integrated e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? No Yes (ii) A family member of a person described in (i) above? 11g(j) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the organizations the organization supports. 11g(H) (i) Name of supported (II) EIN (III) Type of organization (h) is the organization (v) Did you notify (vi) is the (described on lines 1-9 in col. (1) listed in your (vii) Amount of the organization in above or IRC section organization in col. governing document? SUDDON col. (I) of your (i) organized in the (see instructions)) SUDDON? U.S.? No No Yes Total

Schedula A (Form 890 or 890-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II Page 2 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,308 1,306 11,195 13,102 16,266 45,177 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 1-3 3,308 1.306 11,195 13,102 5 The portion of total contributions by each 16.266 45,177 person (other than a governmental unit or publicly supported organization) included ià. on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support, Subtract line 5 from line 4. 4,064 Section B. Total Support 41,713 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 Amounts from line 4 . . (e) 2008 (f) Total 3,308 1,306 11,195 Gross income from interest, dividends, 13,102 16,266 45.177 payments received on securities loans, rents, royalties and income from similar sources 235 235 Net income from unrelated business activities, whether or not the business is regularly carried on 844 539 10 1,384 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 . 11 Gross receipts from related activities, etc. (see instructions) 46,798 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) 45,433 Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 87.86 % 16a 331/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33%% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

Schedule A (Form 980 or 990-EZ) 2008 Part III Support Schedule for Organizations Described in Section 509(a)(2) Page 3 (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Glfts, grants. contributions. membership fees received. (Do not include 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 . 10a Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 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 2008 (line 8, column (f) divided by line 13, column (f)) . . Public support percentage from 2007 Schedule A, Part IV-A, line 27g 15 % Section D. Computation of Investment Income Percentage 16 % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 17 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 18 19a 331/3 % support tests - 2008. 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 33% %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ b 33% % support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and

line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV	Page 4 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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