

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public  
InspectionDepartment 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.

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions.

C Name of organization

Bryan Symphony Orchestra Associatio

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

Po Box 185

City or town, state or country, and ZIP + 4

Cookeville, TN 38503

D Employer identification number

23-7408038

E Telephone number

(931) 372-6088

F Group Exemption

Number ▶

- 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: ☐ Cash ☒ Accrual  
Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.bryansymphony.org

J Tax-exempt status (check only one) - ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally 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 file a complete return.

L 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 ▶ \$ 149,470

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	72,071
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,340
	4	Investment income	4	4,925
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	66,178
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	66,178	
7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ STM141)	8	4,956	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	149,470	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,500
	14	Occupancy, rent, utilities, and maintenance	14	7,203
	15	Printing, publications, postage, and shipping	15	11,310
	16	Other expenses (describe ▶ STM130)	16	155,999
	17	Total expenses. Add lines 10 through 16	17	176,012
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(26,542)
	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)	19	251,298
	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	224,756

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	276,433	261,350
23 Land and buildings		
24 Other assets (describe ▶ STM131)	1,810	300
25 Total assets	278,243	261,650
26 Total liabilities (describe ▶ STM132)	26,945	36,894
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	251,298	224,756

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? Orchestra

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28 Provide orchestra to perform regularly; provide quality****educational experience for all ages and to serve as a leader****and a continuing force in the Upper Cumberland Region.**(Grants \$ ) If this amount includes foreign grants, check here ☐**28a****113,843****29**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)** ☐(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses** (add lines 28a through 31a) ☐**32****113,843****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Gail Luna	Executive Dir			
848 North Maple Avenue Cookeville, 38501	40	36,382	0	0
Pat Quillen	President			
Po Box 185 Cookeville TN, 38503	1	0	0	0
Cheryl Ehlert	Board Member			
1434 Plantation Dr Cookeville TN, 38506	0	0	0	0
Jim Hicks	Board Member			
1276 E 10th St Cookeville TN, 38501	0	0	0	0
Glenn James	Secretary			
Box 5161 TTU Cookeville TN, 38505	0	0	0	0
Arthur LaBar	Board Member			
Box 5045 TTU Cookeville TN, 38505	0	0	0	0
Mary Jo Meyer	Board Member			
133 Harv Loop Monterey TN, 38574	0	0	0	0
Mike Porten	Vice President			
10 West Broad St Cookeville TN, 38501	0	0	0	0
Angelo Volpe	Board Member			
734 Loweland Rd Cookeville TN, 38501	0	0	0	0
Bill Zechman	Board Member			
219 North Chancery St McMinnville, 37110	0	0	0	0
Lillian hartgrove	Treasurer			
Po Box 185 Cookeville TN, 38503	1	0	0	0
Sean O'Neil	Board Member			
Po Box 185 Cookeville TN, 38503	0	0	0	0
Donna Simpson	Board Member			
Po Box 185 Cookeville TN, 38503	0	0	0	0
Billie Stingley	Board Member			
Po Box 185 Cookeville TN, 38503	0	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> 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? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>TN</b>		
<b>42 a</b> The organization's books are in care of ▶ <b>Gail Luna</b> Telephone no. ▶ <b>931-372-6088</b>		
Located at ▶ <b>848 North Maple Avenue Cookeville, TN</b> ZIP + 4 ▶ <b>38501</b>		
<b>b</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)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	<input checked="" type="checkbox"/>
<b>45</b> 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 . . . . .	<b>45</b>	<input checked="" type="checkbox"/>

**Part VI 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
<b>46</b> 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 . . . . .	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

**51** 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 . . . **▶** \_\_\_\_\_

<b>Sign Here</b>	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.			
	Signature of officer <b>GAIL LUNA, EXECUTIVE DIRECTOR</b>		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Leisa A Stanberry, CPA</b>		Date <b>11-15-2010</b>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Leisa A Stanberry CPA 233 B West Stevens Street Cookeville, TN 38501</b>		EIN <b>▶</b>	Preparer's Identifying No. (See inst.)
			Phone no. <b>▶</b>	<b>931-520-7675</b>
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

Name of the organization
Bryan Symphony Orchestra Associatio

Employer identification number
23-7408038

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 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:
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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
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.
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f 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
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of support. Includes a Total row at the bottom.

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) ►	(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.") . . . . .	112,981	71,304	102,408	125,835	94,015	506,543
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 . . . . .	112,981	71,304	102,408	125,835	94,015	506,543
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) . . . . .						
6 Public support. Subtract line 5 from line 4						506,543

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	112,981	71,304	102,408	125,835	94,015	506,543
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	9,071	9,561	9,561	11,386	7,974	47,553
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						554,096
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 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 . . . . .						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	91.42	%
15 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 line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			► <input checked="" type="checkbox"/>
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 . . . . .			► <input type="checkbox"/>
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 . . . . .			► <input type="checkbox"/>
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 . . . . .			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .			► <input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3Gross receipts from activities that are not an unrelated trade or bus. under sec 513 . . . . .						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6Total. Add lines 1 through 5 . . . . .						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
bAmounts 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 . . . . .						
cAdd lines 7a and 7b . . . . .						
8Public support (Subtract line 7c from line 6.) . . . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6 . . . . .						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
cAdd lines 10a and 10b . . . . .						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14First 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

15Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

☐

b33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

☐

20Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

☐

## Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
Media Consulting	5,735
Misc	1,236
Music director	4,000
Advertising	1,391
Service Charges	1,488
Conferences	1,290
Cartage and drivers	6,747
Socials	3,549
Dues	825
Education	451
Food	1,815
Development	6,126
Supplies	1,011
Board Expenses	916
Scholarships	4,339
Executive Director	36,382
Insurance	1,071
Librarian	937
Orchestra Personnel guest artists	57,928
Production	18,762
Total	155,999

Form 990EZ, Part II, Line 24  
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
AR	1,510	
Total	1,510	



## Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part II, Line 24  
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposits	<u>300</u>	<u>300</u>
Total	<u>300</u>	<u>300</u>

Form 990EZ, Part II, Line 26  
Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred Revenue	<u>26,945</u>	<u>36,894</u>
Total	<u>26,945</u>	<u>36,894</u>

Form 990EZ, Part I, Line 8  
Other Revenues Schedule 2

<u>Description</u>	<u>Amount</u>
Misc	226
Reimbursements	<u>4,730</u>
Total	<u>4,956</u>

990

## Overflow Statement

2009  
Page 1

Name(s) as shown on return

FEIN

Bryan Symphony Orchestra Associatio

23-7408038

Description	Amount
Contributions and Sponsors	\$ 56,946
Grants	15,125
Total:	\$ 72,071

Description	Amount
Ticket Sales	\$ 59,773
Program Advertising	2,740
Socials	3,665
Total:	\$ 66,178

Description	Amount
Rent	\$ 3,600
Utilities	1,804
Instrument Storage	1,799
Total:	\$ 7,203

Description	Amount
Postage	\$ 1,459
Printing	2,216
Brochures	3,572
Programs	4,063
Total:	\$ 11,310

Description	Amount
CASH	\$ 28,554
CDs	231,828
Raymond James	968
Total:	\$ 261,350