

**Return of Organization Exempt from Income Tax**

**2000**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

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

**A** For the 2000 calendar year, or tax year period beginning **Sep 1**, 2000, and ending **Aug 31**, 20 01

**B** Check if applicable

- Change of address
- Change of name
- Initial return
- Final return
- Amended return

Please use IRS label or print or type See specific instructions

**C** Name of organization

Indiana Symphony Society, Inc

Number & street (or P O box if mail is not delivered to street addr) Room/suite

45 Monument Circle

City, Town or Country

Indianapolis

State ZIP code

IN 46204

**D** Employer Identification Number

35-0998627

**E** Telephone number

(317) 262-1100

**F** Check

if application pending

**G** Organization type (check only one)  501(c) 3 (insert no)  527 or  4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Accounting method  Cash  Accrual  Other (specify) \_\_\_\_\_

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If "yes," enter number of affiliates: \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No (If "no," attach a list. See instructions)

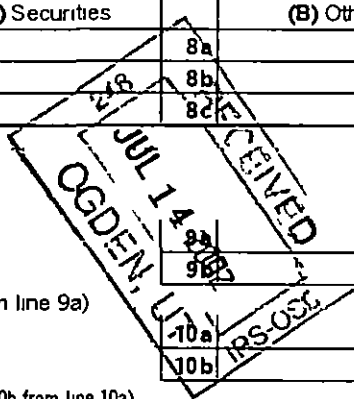
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN) N/A

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	16,257,352		
<b>b</b> Indirect public support	<b>1b</b>	10,171,229		
<b>c</b> Government contributions (grants)	<b>1c</b>	409,505		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 26,821,218 noncash \$ 16,858 )	<b>1d</b>		26,838,086	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		6,249,966	
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		31,449	
<b>5</b> Dividends and interest from securities	<b>5</b>		150,261	
<b>6a</b> Gross rents	<b>6a</b>	404,100		
<b>b</b> Less rental expenses	<b>6b</b>	117,052		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		287,048	
<b>7</b> Other investment income (describe _____ )	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		1,179,278	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		34,736,088	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		16,969,664	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		3,605,804	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		1,382,121	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		21,957,589	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		12,778,499	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		4,536,333	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		17,314,832	



RECEIVED JUL 14 2002 CGDEN. UNIT IRS-OES

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25	239,233	0	239,233
26 Other salaries and wages	26	10,408,732	7,820,632	1,962,962
27 Pension plan contributions	27	227,601	93,012	134,589
28 Other employee benefits	28	1,201,627	866,921	167,995
29 Payroll taxes	29	781,449	557,830	223,619
30 Professional fundraising fees	30	0	0	0
31 Accounting fees	31	24,075	0	24,075
32 Legal fees	32	40,925	0	40,925
33 Supplies	33	80,154	51,950	25,569
34 Telephone	34	141,818	2,253	138,715
35 Postage and shipping	35	174,829	52,832	25,405
36 Occupancy	36	1,862,459	1,862,459	0
37 Equipment rental and maintenance	37	135,893	131,746	4,147
38 Printing and publications	38	377,635	239,867	61,611
39 Travel	39	130,895	104,572	21,738
40 Conferences, conventions, and meetings	40	32,758	4,121	20,289
41 Interest	41	14,307	14,307	0
42 Depreciation, depletion, etc (attach schedule)	42	707,874	552,030	155,844
43 Other expenses (itemize)				
a ADVERTISING	43a	766,444	761,335	5,109
b ANNOTATORS FEES	43b	3,000	3,000	0
c AUDITION EXPENSE	43c	9,170	9,170	0
d BAD DEBT EXPENSE	43d	57,655	654	0
e See Other Expenses Stmt	43e	4,539,056	3,840,973	353,979
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	21,957,589	16,969,664	3,605,804

**Reporting of Joint Costs** - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE ATTACHED STATEMENT</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Symphony Orchestra Performances</u> _____ _____ _____ (Grants and allocations \$ _____ )	16,969,664
b _____ _____ _____ (Grants and allocations \$ _____ )	
c _____ _____ _____ (Grants and allocations \$ _____ )	
d _____ _____ _____ (Grants and allocations \$ _____ )	
e Other program services (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	<b>16,969,664</b>

**Part IV Balance Sheets** (See instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non interest bearing	2,100	45	1,100
	46 Savings and temporary cash investments	21,026	46	71,085
	47a Accounts receivable	590,636		
	b Less allowance for doubtful accounts	0	47c	590,636
	48a Pledges receivable	7,022,868		
	b Less allowance for doubtful accounts	90,000	48c	6,932,868
	49 Grants receivable	1,182,545	49	1,650,016
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,468,113	53	2,968,243
	54 Investments – securities (attach schedule)		54	
	55a Investments – land, buildings, & equipment basis			
b Less accumulated depreciation (attach schedule)		55c		
56 Investments – other (attach schedule)	L-56 Stmt 878,116	56	5,535,866	
57a Land, buildings, and equipment basis	7,063,298			
b Less accumulated depreciation (attach schedule)	L-57 Stmt 3,396,972	57c	3,666,326	
58 Other assets (describe ▶ See Line 58 Stmt )	0	58	145,107	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	10,144,684	59	21,561,247	
LIABILITIES	60 Accounts payable and accrued expenses	1,826,454	60	1,467,091
	61 Grants payable		61	
	62 Deferred revenue	2,581,791	62	2,606,214
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ See Line 65 Stmt )	1,200,106	65	173,110
66 <b>Total liabilities</b> (add lines 60 through 65)	5,608,351	66	4,246,415	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	263,660	67	2,810,554
	68 Temporarily restricted	4,272,673	68	14,504,278
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,536,333	73	17,314,832	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	10,144,684	74	21,561,247	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	34,462,575
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) SEE ATTACHED \$ -156,461		
	Add amounts on lines (1) through (4)	<b>b</b>	-156,461
<b>c</b>	Line a minus line b	<b>c</b>	34,619,036
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) TENANT EXPENSES \$ 117,052		
	Add amounts on lines (1) and (2)	<b>d</b>	117,052
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	34,736,088

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	21,918,180
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) TENANT EXPENSES \$ 117,052		
	Add amounts on lines (1) through (4)	<b>b</b>	117,052
<b>c</b>	Line a minus line b	<b>c</b>	21,801,128
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) SEE ATTACHED \$ 156,461		
	Add amounts on lines (1) and (2)	<b>d</b>	156,461
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	21,957,589

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(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 and deferred compensation	(E) Expense account and other allowances
Richard R Hoffert 45 Monument Circle Indianapolis, IN 46204	President 40	239,233	18,864	2,681
See attached list of noncompensated directors & officers				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

**Part VI Other Information** (See specific instructions)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
<b>b</b> If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions <b>81a</b> _____ 0	81a		
<b>b</b> Did the organization file Form 1120-POL for this year?	81b		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III) <b>82b</b> _____ 43,095	82b		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A	
<b>b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A	
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g	N/A	
<b>h</b> If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0			
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0.			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
<b>90a</b> List the states with which a copy of this return is filed ▶ <u>Indiana</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (see instructions)	90b		220
<b>91</b> The books are in care of ▶ <u>Susan Prenatt, CFO</u> Telephone number ▶ <u>(317) 262-1100</u> Located at ▶ <u>45 Monument Circle, Indianapolis</u> IN ZIP code ▶ <u>46204</u>			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONCERT FEES & TICKET ADM					6,249,966
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	31,449	
96 Dividends & interest from securities			14	150,261	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	287,048	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ROYALTIES			15	100,763	
c REIMBURSEMENTS					521,970
d MISCELLANEOUS			01	93,388	
e See Other Revenue Stmt		305,161		50,220	107,776
104 Subtotal (add columns (B), (D), and (E))		305,161		713,129	6,879,712
105 Total (add line 104, columns (B), (D), and (E))					7,898,002

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	INCOME GENERATED FROM TICKET SALES TO THE GENERAL PUBLIC FROM THE INDIANAPOLIS SYMPHONY ORCHESTRA'S PERFORMANCES THE ORCHESTRA PERFORMS A VARIETY OF CLASSICAL AND OTHER MUSICAL PERFORMANCES
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

I am preparing this return on the basis of the information provided to me by the preparer and the best of my knowledge and belief, it is based on all information of which the preparer has any knowledge. (See instructions)

Date: 1/11/02  
 Type or Print Name and Title: Susan Krenath, CFO

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization <b>Indiana Symphony Society, Inc</b>	Employer Identification Number <b>35-0998627</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(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
<u>Raymond Leppard, 45 Monument Circle, Indpls, IN 46204</u>	Music Director 40	375,306	5,884	75,000
<u>Hidetaro Suzuki, 45 Monument Circle, Indpls, IN 46204</u>	Concert Master 40	184,784	8,290	0.
<u>Quentin Quinn, 45 Monument Circle, Indpls, IN 46204</u>	Master Prop't Man 40	132,240	8,290	0
<u>Paul Berns, 45 Monument Circle, Indpls, IN 46204</u>	Orch Pers'l Mgr 40	139,861	8,290	0
<u>Tom Ramsey, 45 Monument Circle, Indpls, IN 46204</u>	VP and Gen Mgr 40	118,852	13,749	0
Total number of other employees paid over \$50,000 ▶	103			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>DCM Telemarketing, Telefundraising for the Arts 70 Prospect Park West, #4B, Brooklyn, NY 11215</u>	Telemarketing	155,222
<u>ICM Artists, Ltd 40 West 57th Street New York, NY 10019</u>	Artists' Agent	195,848
<u>The Westcott Group 2346 S. Lynnhurst Drive, Indianapolis, IN 46242</u>	Design/Printing	300,809
<u>Pinkerton Security 2511 E. 46th Street, Indianapolis, IN 46205</u>	Security	194,161
<u>IMG Talent Agency, Inc 1360 E Ninth St, #100, Cleveland, OH 44114</u>	Artists' Agent	163,439
Total number of others receiving over \$50,000 for professional services ▶	17	

**Part III** Statements About Activities

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Pt V, Fm 990	2d	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions)		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	12,839,109	13,136,735	11,203,814	12,444,437	49,624,095
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	1,027,137	5,946,852	6,330,570	5,489,281	18,793,840
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	189,795	127,115	191,204	149,399	657,513
19 Net income from unrelated business activities not included in line 18	281,997	274,496	266,259	259,084	1,081,836
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.				446,224	446,224
23 Total of lines 15 through 22	14,338,038	19,485,198	17,991,847	18,788,425	70,603,508
24 Line 23 minus line 17	13,310,901	13,538,346	11,661,277	13,299,144	51,809,668
25 Enter 1% of line 23	143,380	194,852	179,918	187,884	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 1,036,193
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 8,049,114
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c 51,809,668
d Add: Amounts from column (e) for lines 18 657,513 19 1,081,836					26d 10,234,687
22 446,224 26b 8,049,114					
e Public support (line 26c minus line 26d total)					26e 41,574,981
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.25%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year.					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions)  
(To be completed Only by an eligible organization that filed Form 5768)

N/A

Check here  **a** if the organization belongs to an affiliated group  
 Check here  **b** if you checked 'a' above and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is --</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38		

**Caution.** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



Schedule B  
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
and line 1 of Form 990-EZ (see instructions)

2000

Name of Organization **Indiana Symphony Society, Inc** Employer Identification Number **35-0998627**

Organization type (check one) – Section  501(c)( 3 ) ◀ (enter number),  527 or  4947(a)(1) nonexempt charitable trust

**A** Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc, purpose ▶ \$

**BAA** For Paperwork Reduction Act Notice, see Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

Indiana Symphony Society, Inc

35-0998627

**Part I** Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 8,163,932	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	----- ----- ----- -----	\$ 11,649,117	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	----- ----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	----- ----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	----- ----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	----- ----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	----- ----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

**Supporting Statement of:**

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
BAD DEBT EXPENSE	-654
OTHER EXPENSES	-155,807
Total	<u>-156,461</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-B, Line d(2)

Description	Amount
BAD DEBT EXPENSE	654
OTHER EXPENSES	155,807
Total	<u>156,461</u>

**Supporting Statement of**

Sch A, 990 p 3/Line 26b

Description	Amount
FY 96-97	1,525,000
FY 97-98	2,375,000
FY 99-99	1,575,000
FY 99-00	2,946,500
Less excluded amount	-1,036,193
FY 96-97	1,700,000
Less excluded amount	-1,036,193
Total	<u>8,049,114</u>

---

**Miscellaneous Statement**

---

FORM 990 PART III PRIMARY EXEMPT PURPOSE

TO CULTIVATE AND PERFORM INSTRUMENTAL  
MUSIC

---

Total

Form 990, Page 2, Part II, Line 43

## Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK SERVICE CHARGES	136,327	0	136,327	0
BROADCAST PRODUCTION	6,019	6,019	0	0
COMMISSION FEES	36,709	36,709	0	0
COMMISSION WORKS	35,569	35,569	0	0
CONCERT PRODUCTION RES	13,172	13,172	0	0
CONCERT PROMOTIONS	18,030	18,030	0	0
DONOR BENEFITS	22,842	0	0	22,842.
DONOR CULTIVATION	22,734	0	0	22,734
ELECTRICITY	151,629	151,629	0	0
FEES - OTHER	210,056	210,056	0	0
FOH DECORATIONS	16,711	16,711	0	0
FOOD & BEVERAGE	138,748	138,748	0	0
FURN, FIXT & EQ MAINTENANCE	31,173	15,208	15,965.	0.
GENERAL PRODUCTION	224,599	224,599	0	0
GUEST ART HOSPITALITY	26,109	26,109	0	0
GUEST FEES	1,711,946	1,711,946	0	0
INSURANCE	93,550	27,558	65,992	0
LAUNDRY/UNIFORM MAINTENANCE	7,337	7,337	0	0
LICENSES & PERMITS	71,307	71,307	0	0
MEMBERSHIP & DUES	46,471	1,777	40,600	4,094
MISCELLANEOUS	119,427	83,288	18,067	18,072
MUSIC & INSTRUMENT RENTAL	76,956	76,956	0	0
MUSIC PURCHASES	32,066	32,066	0	0
ORCHESTRA RELATIONS	4,622	4,622	0	0
PAYROLL PROCESSING	19,234	0	19,234	0
PHOTOGRAPHY	14,005	145	13,860	0
POPS MEMBER DISTRIBUTION	4,026	4,026	0	0
PRIIF PAYMENTS	12,000	12,000	0	0
PROFESSIONAL SERVICE	359,020	252,401	19,249	87,370
PUBLIC RELATIONS	33,991	16,151	10,703.	7,137
R LEPPARD COMMEMORATION	44,803	44,803.	0	0
RESEARCH G & A	52,732	1,657	0	51,075
RESEARCH-SINGLE TICKETS	5,168	5,168	0	0
SECURITY	198,825	198,825	0	0
SMALL FIXTURES	38,090	27,524	9,492	1,074
STAGE & EQUIP DECORATIONS	63,896	63,896	0	0.
STEAM & CHILLED WATER	75,422	75,422	0.	0
SUBSCRIPTIONS & PUBLICATIONS	5,755.	529.	3,204	2,022
TELEMARKETING FEES	238,645	119,213	0.	119,432
TRAFFIC CONTROL	22,763.	22,763	0.	0
TRANSPORTATION	40,838.	40,838.	0	0
TRASH, WATER, & SEWER	17,146	17,146	0	0
VOLUNTEER EXPENSE	5,602	0	166	5,436
WORDS ON MUSIC	10,110.	10,110	0	0
YULETIDE TICKETS	22,876	18,940	1,120.	2,816
<b>Total</b>	<b>4,539,056</b>	<b>3,840,973</b>	<b>353,979.</b>	<b>344,104</b>

Form 990, Page 3, Part IV, Line 56  
**Investments - Other Statement**

<b>Line 56 – Investments - Other:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Fixed income mutual funds	878,116	5,535,866
<b>Total</b>	<u>878,116</u>	<u>5,535,866.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b  
**Land, Buildings and Equipment Statement**

	<b>(a) Cost/Other Basis</b>	<b>(b) Accumulated Depreciation</b>	<b>(c) Book Value</b>
COMPUTER EQUIPMENT	539,258		539,258
MUSICAL INSTRUMENTS	816,289		816,289
STAGE EQUIPMENT	792,693		792,693
OFFICE FURNITURE AND EQUIPMENT	586,622		586,622
HALL PROPERTY	342,141		342,141
LEASEHOLD IMPROVEMENTS	3,986,295		3,986,295
LESS ACCUMULATED DEPRECIATION		3,396,972	-3,396,972
<b>Total</b>	<u>7,063,298</u>	<u>3,396,972</u>	<u>3,666,326</u>

Form 990, Page 3, Part IV, Line 58  
**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
RECEIVABLE FROM THE ISO FOUNDATION	0.	145,107
<b>Total</b>	<u>0</u>	<u>145,107</u>

Form 990, Page 3, Part IV, Line 65  
**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
PAYABLE TO ISO FOUNDATION	943,227	0
LOAN PAYABLE TO ISO FOUNDATION	256,879	173,110
<b>Total</b>	<u>1,200,106.</u>	<u>173,110</u>

Form 990, Page 6, Part VII, Line 103

**Other Revenue Stmt**

Other revenue	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
CONCESSIONS			03	42,297	
ADVERTISING	541800	305,161			
SOUVENIERS			01	7,923	
POPS CONS PRODUCT					107,776
Total		<u>305,161</u>		<u>50,220</u>	<u>107,776</u>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	THESE CONCERTS ARE PERFORMED FOR THE CULTURAL ENHANCEMENT AND MUSICAL EDUCATION OF THE GENERAL PUBLIC
103c	MANAGEMENT SERVICE INCOME FROM INDIANAPOLIS SYMPHONY FOUNDATION
103h	INCOME IS USED TO REDUCE EXPENSES TO PRODUCE THE POPS CONSORTIUM CONCERTS

FORM 990, PART V  
BOARD OF DIRECTORS AND OFFICERS  
2000-2001

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
Alexander, Susan Indianapolis, IN 46202	0	0	0
Alley, Michael Indianapolis, IN 46204	0	0	0
Altemeyer, Donald B. Indianapolis, IN 46240-6418	0	0	0
Anker, Robert A. Carmel, IN 46032	0	0	0
Baker, Jr., Taylor L. Indianapolis, IN 46254	0	0	0
Berger, Walter Z. Indianapolis, IN 46204	0	0	0
Blackburn, Alpha Indianapolis, IN 46260	0	0	0
Blitzer, Caterina Indianapolis, IN 46220	0	0	0
Bratt, John A. Indianapolis, IN 46221	0	0	0
Brents, Delores J. Indianapolis, IN 46222	0	0	0
Christy, Chris J. Indianapolis, IN 46220-4316	0	0	0

**INDIANA SYMPHONY SOCIETY, INC.****EIN: 35-0998627**

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
<b>Christy, Nancy C. Indianapolis, IN 46220-4316</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Chunn, Patricia C. Indianapolis, IN 46260</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Corsaro, Karen D. Indianapolis, IN 46234</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Crane, Phoebe Whitestown, IN 46075</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Daugherty, Louis E. Indianapolis, IN 46204</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>DeHaan, Christel Zionsville, IN 46077</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>DeVoe, Stephen E. Indianapolis, IN 46204</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Dick, Rollin M. Indianapolis, IN 46204-5172</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Dollens, Ronald W. Indianapolis, IN 46244</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Eccles, Margot L. Indianapolis, IN 46278</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Enkema, Stephen A. Indianapolis, IN 46256</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ford, Richard E. Wabash, IN 46992</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Foust, Carolyn Pugh Indianapolis, IN 46208</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Frenzel III, Otto N. (Nick) Indianapolis, IN 46255</b>	<b>0</b>	<b>0</b>	<b>0</b>

**INDIANA SYMPHONY SOCIETY, INC.****EIN: 35-0998627**

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
<b>Glasscock, Larry C. Indianapolis, IN 46204-4903</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Gonzalez, Mary Jane Carmel, IN 46032</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hardman, Carolyn S. Indianapolis, IN 46234-2933</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Heckler, Douglas J. Indianapolis, IN 46204</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Howard Dr. Peter W. Indianapolis, IN 46202</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Humke, Carolyn J. Indianapolis, IN 46256</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Kaspar, Robert S. Carmel, IN 46032</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Lynch, Andrew J. Indianapolis, IN 46204-3503</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Maine, Suzanne B. Indianapolis, IN 46256</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Mallett Ph.D., Gordon E. Zionsville, IN 46077</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Mans, C. James (Jim) Indianapolis, IN 46260</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Manterfield, Eric A. Indianapolis, IN 46204</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Maurer, Illene K. Indianapolis, IN 46240-2805</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Maurer, Morris L. Indianapolis, IN 46260</b>	<b>0</b>	<b>0</b>	<b>0</b>

**INDIANA SYMPHONY SOCIETY, INC.**

EIN: 35-0998627

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
<b>McAdams, Rolla E. Monrovia, IN 46157-9134</b>	0	0	0
<b>McCaw, Bruce C. Carmel, IN 46032</b>	0	0	0
<b>McKinney, Marni Indianapolis, IN 46204</b>	0	0	0
<b>Mikelsons, J. George Indianapolis, IN 46278-1281</b>	0	0	0
<b>O'Connor Jr., Lawrence A. Indianapolis, IN 46277</b>	0	0	0
<b>Patterson, Katie Indianapolis, IN 46204</b>	0	0	0
<b>Pegram, Richard Indianapolis, IN 46204</b>	0	0	0
<b>Pence, Linda L. Indianapolis, IN 46204</b>	0	0	0
<b>Rapp, Peggy MacNary Indianapolis, IN 46240</b>	0	0	0
<b>Renkens M.D., Kenneth L. Carmel, IN 46033</b>	0	0	0
<b>Sabl, Alice Young Chicago, IL 60611</b>	0	0	0
<b>Salin, William N. Carmel, IN 46032</b>	0	0	0
<b>Schlegel, Fred E. Indianapolis, IN 46204</b>	0	0	0
<b>Schloss, Alice K. Indianapolis, IN 46205</b>	0	0	0
<b>Semler, Jerry D. Indianapolis, IN 46206-0368</b>	0	0	0

**INDIANA SYMPHONY SOCIETY, INC.**

EIN: 35-0998627

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
<b>Shaheen, Yvonne H. Indianapolis, IN 46239</b>	0	0	0
<b>Simmons, Jacqueline A. Indianapolis, IN 46204</b>	0	0	0
<b>Singh, Jai Pal Carmel, IN 46032</b>	0	0	0
<b>Smith Jr., J. Albert Indianapolis, IN 46277</b>	0	0	0
<b>Stanford, Alan C. Indianapolis, IN 46240</b>	0	0	0
<b>Steichen, M.D., James B. Indianapolis, IN 46280-0434</b>	0	0	0
<b>Tabler, Bryan G. Indianapolis, IN 46204</b>	0	0	0
<b>Taurel, Kathryn Indianapolis, IN 46260</b>	0	0	0
<b>Tobias, Randall L. Indianapolis, IN 46240</b>	0	0	0
<b>Touchton, Joseph F. Indianapolis, IN 46204</b>	0	0	0
<b>Van Hove M.D., Eugene D. Carmel, IN 46032</b>	0	0	0
<b>Veneck Jr., Robert H. Indianapolis, IN 46204</b>	0	0	0
<b>Ward, Pete Indianapolis, IN 46254</b>	0	0	0
<b>Watanabe M.D., August M. Carmel, IN 46032</b>	0	0	0
<b>Wilcox P.E., David E. Carmel, IN 46033-4412</b>	0	0	0

**INDIANA SYMPHONY SOCIETY, INC.**

EIN: 35-0998627

	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
<b>Wilkins, Gene E.</b> <b>Indianapolis, IN 46282</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Wojtowicz, Jean</b> <b>Indianapolis, IN 46240</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Wood, Billie Lou</b> <b>Indianapolis, IN 46228</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Wood, Richard D.</b> <b>Indianapolis, IN 46228</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Woodard, Leroy</b> <b>Indianapolis, IN 46219</b>	<b>0</b>	<b>0</b>	<b>0</b>

0108

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: Indiana Symphony Society, Inc; Employer Identification Number: 35-0998627; Address: 45 Monument Circle, Indianapolis, IN 46204

Check type of return to be filed: Form 990 (checked), Form 990 EZ, Form 990 T, Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, Form 6069

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box. If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) N/A

I request an additional 3 month extension of time until Jul 15, 20 02. For calendar year Sep 1, 20 00 and ending Aug 31, 20 01. State in detail why you need the extension: Additional time is needed to obtain the information necessary to file a complete and accurate return

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Lynda Dubois, Title: CPA, Date: 4/15/02

Notice to Applicant - To be Completed by the IRS

We have approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. EXTENSION APPROVED APR 26 2002

Director: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: Blue & Co., LLC; Address: 11460 N Meridian Street, Carmel, IN 46032; RECEIVED APR 16 2002 OGDEN, UT

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>Indiana Symphony Society, Inc.</b>	Employer Identification Number <b>35-0998627</b>
	Number, Street, and Room or Suite Number. If a P O Box, see instructions <b>45 Monument Circle</b>	
	City, Town or Post Office. For a foreign address, see instructions <b>Indianapolis</b>	State ZIP Code <b>IN 46204</b>

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Apr 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning Sep 1, 20 00, and ending Aug 31, 20 01

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Sandra Wallace Title ▶ CPA Date ▶ 12/7/01