

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 09/01, 2001, and ending 08/31/2002

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: INDIANA SYMPHONY SOCIETY, INC. D Employer identification number: 35-0998627. E Telephone number: (317) 262-1100. F Accounting method: X Accrual.

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No

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

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site WWW INDYORCH.ORG

J Organization type (check only one) X 501(c) (3) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 22,000,531

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-d), Special events (9a-c), Gross sales of inventory (10a-c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Revenue

Expenses

Net Assets

18

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For Paperwork Reduction Act Notice, see the separate instructions.

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. (See Specific Instructions on page 21.)

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 \$ _____ noncash \$ _____) 22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc 25	280,643		280,643	
26 Other salaries and wages 26	10,864,749.	8,092,580.	2,073,858	698,311.
27 Pension plan contributions 27	412,132.	259,598	152,534	NONE
28 Other employee benefits 28	1,765,898.	1,407,572	173,969	184,357.
29 Payroll taxes 29	825,784	597,826	227,958.	NONE
30 Professional fundraising fees 30				
31 Accounting fees 31	25,560.	NONE	25,560.	NONE
32 Legal fees 32	30,519	NONE	30,519	NONE
33 Supplies 33	73,333.	42,069.	26,986	4,278.
34 Telephone 34	150,737.	4,571.	145,457.	709.
35 Postage and shipping 35	230,062	115,791	28,686.	85,585
36 Occupancy 36	2,022,963	2,022,963	NONE	NONE
37 Equipment rental and maintenance 37	169,125.	163,793.	5,332	NONE
38 Printing and publications 38	531,735.	225,943.	71,133	234,659.
39 Travel 39	125,079.	94,376	28,783	1,920
40 Conferences, conventions, and meetings 40	50,719.	9,578.	23,723.	17,418
41 Interest 41	10,825.	10,825.	NONE	NONE
42 Depreciation, depletion, etc (attach schedule) 42	753,822	578,621.	175,201	NONE
43 Other expenses not covered above (itemize) STMT 1 43a	5,894,209	5,080,309	444,100	369,800.
b 43b				
c 43c				
d 43d				
e 43e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 44	24,217,894	18,706,415	3,914,442	1,597,037

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **STMT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SYMPHONY ORCHESTRA PERFORMANCES	(Grants and allocations \$ _____)	18,706,415.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		18,706,415

Part IV Balance Sheets (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing	1,100	45	1,150
	46	Savings and temporary cash investments	71,085	46	235,081
	47a	Accounts receivable	532,737		
	b	Less allowance for doubtful accounts		47c	532,737
	47b		590,636		
	48a	Pledges receivable	1,782,137		
	b	Less allowance for doubtful accounts	90,000	48c	1,692,137
	48b		6,932,868		
	49	Grants receivable	1,650,016	49	1,253,489
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	51b				
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,968,243	53	3,380,194
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,535,866	54	7,154,184	
55a	Investments - land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)		55c		
55b					
56	Investments - other (attach schedule)		56		
57a	Land, buildings, and equipment basis	10,460,769			
b	Less accumulated depreciation (attach schedule)		57c	6,413,895	
57b		4,046,874			
58	Other assets (describe <input type="checkbox"/> STMT 5)	145,107	58	NONE	
59	Total assets (add lines 45 through 58) (must equal line 74)	21,561,247	59	20,662,867	
Liabilities	60	Accounts payable and accrued expenses	1,467,091	60	2,691,811
	61	Grants payable		61	
	62	Deferred revenue	2,606,214	62	2,894,674
	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	
	64b				
65	Other liabilities (describe <input type="checkbox"/> STMT 6)	173,110	65	134,921	
66	Total liabilities (add lines 60 through 65)	4,246,415	66	5,721,406	
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	2,810,554	67	2,393,211
	68	Temporarily restricted	14,504,278	68	12,548,250
	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	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)	17,314,832	73	14,941,461
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	21,561,247	74	20,662,867

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.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note: 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, TICK					6,165,287
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,483	
96 Dividends and interest from securities			14	456,872	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	296,141	
98 Net rental income or (loss) from personal property					
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 STMT 18		304,026		145,897	1,016,593
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		304,026		915,393	7,181,880
105 Total (add line 104, columns (B), (D), and (E))					8,401,299

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 Specific Instructions on page 32.)

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)
▼	STMT 19

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign

[Signature]

Date 6/20/03

H, CFO

Date	6/20/03	Check if self	Preparer's SSN or PTIN (See Gen. Inst. W)
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SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization **INDIANA SYMPHONY SOCIETY, INC.** Employer identification number **35-0998627**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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>HIDETARO SUZUKI</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	CONCERT MASTER 40	194,253	9,020.	NONE
<u>KEVIN GARVEY</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	VP FOR DEVELOPMENT 40	159,431.	18,193.	NONE
<u>PAUL BERNS</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	ORCHESTRA PERSL MGMT 40	149,306.	9,020.	NONE
<u>TOM RAMSEY</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	VP AND GENERAL MGR 40	139,733	16,223.	NONE
<u>QUENTIN QUINN</u> 32 EAST WASHINTON ST, #600 INDIANAPOLIS, IN 46204	MASTER PROPERTYMAN 40	137,930.	9,020	NONE
Total number of other employees paid over \$50,000 ▶	101			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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>REI CONSTRUCTION SERVICES</u> CARMEL, IN 46032	CONSTRUCTION SERVICE	2,221,641.
<u>THE WESTCOTT GROUP</u> INDIANAPOLIS, IN 46242	DESIGN/PRINTING	386,275.
<u>CRANFILL & COMPANY</u> INDIANAPOLIS, IN 46202	ADVERTISING DESIGN	276,754.
<u>ICM ARTISTS, LTD</u> NEW YORK, NY 10019	GUEST ARTIST FEE	228,100.
<u>PINKERTON SECURITY</u> INDIANAPOLIS, IN 46205	SECURITY	212,903
Total number of others receiving over \$50,000 for professional services ▶	17	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B) 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
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) STMT 20		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note 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		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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)
- 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 page 5 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the 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

Table with columns for Calendar year (or fiscal year beginning in) and rows for various support categories: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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 page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

- Check a if the organization belongs to an affiliated group
Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures to influence public opinion, legislative body, and other exempt purpose expenditures.

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 on page 11 of the instructions)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

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

INDIANA SYMPHONY SOCIETY, INC.
 FORM 990 PART II LINE 42 AND PART IV LINES 57 A, B,C

FIN 35-0998627

	Fixed Assets 8/31/2001	Additions	Deletions	Fixed Assets 8/31/2002
Computer Equipment	\$ 539,258	82,831	-	\$ 622,089
Musical Instruments & Orchestra Equipment	816,289	123,897	-	940,186
Stage Property Equipment	792,693	56,905	(112,018)	737,580
Office Furniture & Equipment	586,622	68,222	(13,366)	641,478
Hall Property	342,141	31,015	-	373,156
Leasehold Improvements	3,986,295	115,076	(26,031)	4,075,340
Construction in Progress	-	3,070,940	-	3,070,940
	<u>\$ 7,063,298</u>	<u>\$ 3,548,886</u>	<u>\$(151,415)</u>	<u>\$ 10,460,769</u>
	(Line 57a)			(Line 57b)

	Accumulated Depreciation 8/31/2001	Additions	Deletions	Accumulated Depreciation 8/31/2002
Computer Equipment	\$ 342,223	93,945	-	\$ 436,168
Musical Instruments & Orchestra Equipment	595,939	65,370	-	661,309
Stage Property Equipment	565,843	80,312	(100,583)	545,572
Office Furniture & Equipment	382,887	90,291	(13,366)	459,812
Hall Property	178,489	37,798	-	216,287
Leasehold Improvements	1,331,591	404,418	(8,283)	1,727,726
	<u>\$ 3,396,972</u>	<u>\$ 772,134</u>	<u>\$(122,232)</u>	<u>\$ 4,046,874</u>

Included in rental expenses (line 6b) (18,312)

\$ 753,822
(Line 42)

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	832,603.	772,408.	1,061.	59,134.
ANNOTATORS FEES	2,400.	2,400.	NONE	NONE
AUDITION EXPENSE	2,951.	2,951.	NONE	NONE
BAD DEBT EXPENSE	41,364.	183.	NONE	41,181.
BANK SERVICE CHARGES	139,973.	NONE	139,973.	NONE
BROADCAST PRODUCTION	23,653.	23,653.	NONE	NONE
COMMISSION FEES	35,424.	35,424.	NONE	NONE
CONTRIBUTIONS	14,549.	14,549.	NONE	NONE
CONCERT PRODUCTION RESEARCH	2,248.	2,248.	NONE	NONE
CONCERT PROMOTIONS	16,872.	16,872.	NONE	NONE
DONOR BENEFITS	36,515.	NONE	NONE	36,515.
DONOR CULTIVATION	42,645.	NONE	NONE	42,645.
ELECTRICITY	146,273.	146,273.	NONE	NONE
FEES - OTHER	200,825.	200,825.	NONE	NONE
FOOD AND BEVERAGE	142,152.	142,152.	NONE	NONE
FRIENDS OF HILBERT DECORATIONS	20,272.	20,272.	NONE	NONE
FURN, FIXT, & EQUIP MAINTENANC	28,609.	13,187.	14,733.	689.
GENERAL PRODUCTION	375,978.	375,978.	NONE	NONE
GUEST ARTIST HOSPITALITY	33,578.	33,578.	NONE	NONE
GUEST FEES	1,942,572.	1,942,572.	NONE	NONE
INSURANCE	114,466.	28,372.	86,094.	NONE
LAUNDRY/UNIFORM MAINTENANCE	11,487.	5,886.	5,601.	NONE
LICENSES AND PERMITS	69,062.	69,062.	NONE	NONE
MEMBERSHIP AND DUES	42,004.	2,248.	34,312.	5,444.
MISCELLANEOUS	82,834.	51,875.	16,190.	14,769.
MUSIC AND INSTRUMENTAL	100,181.	100,181.	NONE	NONE
MUSIC PURCHASES	95,613.	95,613.	NONE	NONE
ORCHESTRA RELATIONS	7,401.	7,401.	NONE	NONE
PAYROLL PROCESSING	21,017.	NONE	21,017.	NONE
PHOTOGRAPHY	12,941.	4,820.	8,121.	NONE
POPS CONSORTIUM MEMBER DISTRIB	30,768.	30,768.	NONE	NONE
PRIF PAYMENTS	NONE	NONE	NONE	NONE

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICE	312,955.	153,157.	95,239.	64,559.
PUBLIC RELATIONS	24,007.	NONE	9,919.	14,088.
MUSIC DIRECTOR ANNOUNCEMENT	43,858.	43,858.	NONE	NONE
RESEARCH - G & A	7,614.	NONE	NONE	7,614.
RESEARCH - SINGLE TICKETS	55,875.	55,875.	NONE	NONE
SECURITY	209,055.	209,055.	NONE	NONE
SMALL FIXTURES	39,358.	27,785.	7,992.	3,581.
STAGE EQUIPMENT AND DECORATION	56,780.	56,780.	NONE	NONE
STEAM AND CHILLED WATER	81,843.	81,843.	NONE	NONE
SUBSCRIPTIONS AND PUBLICATIONS	5,644.	860.	2,667.	2,117.
TELEMARKETING FEES	228,645.	164,263.	NONE	64,382.
TRAFFIC CONTROL	27,478.	27,478.	NONE	NONE
TRANSPORTATION	48,672.	48,672.	NONE	NONE
TRASH, WATER, & SEWERAGE	20,645.	20,645.	NONE	NONE
VOLUNTEER EXPENSE	9,048.	NONE	NONE	9,048.
WORDS ON MUSIC	16,237.	16,237.	NONE	NONE
YULETIDE TICKETS	37,265.	32,050.	1,181.	4,034.
TOTALS	5,894,209.	5,080,309.	444,100.	369,800.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO CULTIVATE AND PERFORM INSTRUMENTAL MUSIC.

FORM 990, PART IV - INVESTMENTS - SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
FIXED INCOME MUTUAL FUNDS	5,535,866.	7,154,184.
TOTALS	<u>5,535,866.</u>	<u>7,154,184.</u>

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
RECEIVABLE FROM THE ISO FOUNDATION	145,107.	NONE
TOTALS	<u>145,107.</u>	<u>NONE</u>

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
LOAN PAYABLE TO ISO FOUNDATION	173,110.	132,316.
PAYABLE TO THE ISO FOUNDATION	NONE	2,605.
	-----	-----
TOTALS	<u>173,110.</u>	<u>134,921.</u>

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
TENANT EXPENSES	156,008.
TOTAL	----- 156,008. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
EXPENSES RELATED TO MISC INCOME	351,886.
BAD DEBT EXPENSE	183.

TOTAL	<u>352,069.</u>

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
TENANT EXPENSES	156,008.

TOTAL	<u>156,008.</u>

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
EXPENSES RELATED TO MISC INCOME	351,886.
BAD DEBT EXPENSE	183.

TOTAL	<u>352,069.</u>

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD R. HOFFERT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	PRESIDENT AND CEO 40	280,643.	22,250.	783.
JEFFREY ADAMS CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
MS. SUSAN ALEXANDER INDIANAPOLIS, IN 46202	BOARD MEMBER 1	NONE	NONE	NONE
MR. MICHAEL J. ALLEY INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
MR. DONALD B. ALTEMEYER INDIANAPOLIS, IN 46240-6418	BOARD MEMBER 1	NONE	NONE	NONE
MR. TAYLOR L. BAKER, JR. INDIANAPOLIS, IN 46254	BOARD MEMBER 1	NONE	NONE	NONE
MR. WALTER Z. BERGER INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ALPHA BLACKBURN INDIANAPOLIS, IN 46268	BOARD MEMBER 1	NONE	NONE	NONE
CATERINA BLITZER INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROZELLE BOYD INDIANAPOLIS, IN 46226	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. JOHN A. BRATT INDIANAPOLIS, IN 46221	BOARD MEMBER 1	NONE	NONE	NONE
DR. MICHAEL BROWN INDIANAPOLIS, IN 46254	BOARD MEMBER 1	NONE	NONE	NONE
MR. CHRIS J. CHRISTY INDIANAPOLIS, IN 46220-4316	BOARD MEMBER 1	NONE	NONE	NONE
NANCY C. CHRISTY INDIANAPOLIS, IN 46220-4316	BOARD MEMBER 1	NONE	NONE	NONE
PATRICIA C. CHUNN INDIANAPOLIS, IN 46260	BOARD MEMBER 1	NONE	NONE	NONE
KAREN D. CORSARO INDIANAPOLIS, IN 46234	BOARD MEMBER 1	NONE	NONE	NONE
MR. LOUIS E. DAUGHERTY INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
CHRISTEL DEHAAN INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MR. ROLLIN M. DICK CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
MARGOT L. ECCLES INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MR. RICHARD E. FORD	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WABASH, IN 46992				
CAROLYN PUGH FOUST INDIANAPOLIS, IN 46208	BOARD MEMBER 1	NONE	NONE	NONE
MR. OTTO (NICK) N. FRENZEL, III INDIANAPOLIS, IN 46255	BOARD MEMBER 1	NONE	NONE	NONE
DR. BHUWAN GARG INDIANAPOLIS, IN 46278	BOARD MEMBER 1	NONE	NONE	NONE
MR. LARRY C. GLASSCOCK INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MARY JANE GONZALEZ CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
CAROLYN S. HARDMAN INDIANAPOLIS, IN 46234	BOARD MEMBER 1	NONE	NONE	NONE
MR. DOUGLAS J. HECKLER INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DR. PETER W. HOWARD INDIANAPOLIS, IN 46202	BOARD MEMBER 1	NONE	NONE	NONE
CAROLYN J. HUMKE INDIANAPOLIS, IN 46256	BOARD MEMBER 1	NONE	NONE	NONE
ANN HAMPTON HUNT INDIANAPOLIS, IN 46228	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROL SCHILLER ISRAEL INDIANAPOLIS, IN 46227	BOARD MEMBER 1	NONE	NONE	NONE
MR. ROBERT S. KASPAR CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
MR. ANDREW J. LYNCH INDIANAPOLIS, IN 46208	BOARD MEMBER 1	NONE	NONE	NONE
SUZANNE B. MAINE INDIANAPOLIS, IN 46256	BOARD MEMBER 1	NONE	NONE	NONE
MR. ERIC A. MANTERFIELD INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DON E. MARSH INDIANAPOLIS, IN 46256	BOARD MEMBER 1	NONE	NONE	NONE
ILLENE K. MAURER INDIANAPOLIS, IN 46240-2805	BOARD MEMBER 1	NONE	NONE	NONE
MR. BRUCE C. MCCAW CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
J. GEORGE MIKELSONS INDIANAPOLIS, IN 46278	BOARD MEMBER 1	NONE	NONE	NONE
RODERICK H. MORGAN INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
MR. LAWRENCE A. OCONNOR, JR.	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
INDIANAPOLIS, IN 46277				
MRS. KATIE PATTERSON INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MR. RICHARD PEGRAM INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
LINDA L. PENCE INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
PEGGY MACNARY RAPP INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
KENNETH L. RENKENS, M.D. CARMEL, IN 46033	BOARD MEMBER 1	NONE	NONE	NONE
ALICE YOUNG SABL CHICAGO, IL 60611	BOARD MEMBER 1	NONE	NONE	NONE
MR. WILLIAM N. SALIN INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
FRED E. SCHLEGEL INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ALICE K. SCHLOSS INDIANAPOLIS, IN 46205	BOARD MEMBER 1	NONE	NONE	NONE
MR. JERRY D. SEMLER INDIANAPOLIS, IN 46206-0368	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
YVONNE H. SHAHEEN INDIANAPOLIS, IN 46239	BOARD MEMBER 1	NONE	NONE	NONE
JAQUELINE A. SIMMONS INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JAI PAL SINGH CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
ALAN C. STANFORD INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
JAMES B. STEICHEN, M.D. INDIANAPOLIS, IN 46280-0434	BOARD MEMBER 1	NONE	NONE	NONE
KATHRYN TAUREL INDIANAPOLIS, IN 46260	BOARD MEMBER 1	NONE	NONE	NONE
MARIANNE WILLIAMS TOBIAS INDIANAPOLIS, IN 46220	BOARD MEMBER 1	NONE	NONE	NONE
RANDALL L. TOBIAS INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
MR. JOSEPH F. TOUCHTON INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
EUGENE D. VAN HOVE, M.D. CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
MR. ROBERT H. VENECK, JR.	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS INDIANAPOLIS, IN 46204	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WAYNE E. VINCENT RICHMOND, IN 47374	BOARD MEMBER 1	NONE	NONE	NONE
MR. PETE WARD INDIANAPOLIS, IN 46253	BOARD MEMBER 1	NONE	NONE	NONE
AUGUST M. WATANABE, M.D. CARMEL, IN 46032	BOARD MEMBER 1	NONE	NONE	NONE
MR. DAVID E. WILCOX, P.E. CARMEL, IN 46033-4412	BOARD MEMBER 1	NONE	NONE	NONE
MR. GENE WILKINS INDIANAPOLIS, IN 46282	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT B. WINGERTER INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MS. JEAN WOJTOWICZ INDIANAPOLIS, IN 46240	BOARD MEMBER 1	NONE	NONE	NONE
MR. RICHARD D. WOOD INDIANAPOLIS, IN 46228	BOARD MEMBER 1	NONE	NONE	NONE
LEROY WOODARD INDIANAPOLIS, IN 46219	BOARD MEMBER 1	NONE	NONE	NONE
GRAND TOTALS		280,643.	22,250.	783.

INDIANA SYMPHONY SOCIETY, INC.
 FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ROYALTIES					
REIMBURSEMENTS			15	34,480.	
MISCELLANEOUS			01	67,770.	635,573.
CONCESSIONS			03	32,771.	
ADVERTISING	541800	304,026.			
SOUVENIERS			01	10,876.	
POPS CONSORTIUM PR					261,020.
YULETIDE TOUR					120,000.
TOTALS		304,026.		145,897.	1,016,593.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. ----	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT 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. THESE CONCERTS ARE PERFORMED FOR THE CULTURAL ENHANCEMENT AND MUSICAL EDUCATION OF THE GENERAL PUBLIC.
103B	MANAGEMENT SERVICE INCOME FROM INDIANAPOLIS SYMPHONY FOUNDATION.
103G	INCOME PRODUCED FROM THE SALE OF PRODUCTS FOR POPS CONSORTIUM CONCERTS IS USED TO REDUCE EXPENSES TO PRODUCE THE POPS CONSORTIUM CONCERTS.
103H	THE STAFF OF THE INDIANA SYMPHONY SOCIETY PRODUCED CHRISTMAS MUSICAL PERFORMANCES CONTRACTING VARIOUS ARTISTS AND CONDUCTORS FROM OTHER LOCATIONS THAT TOURED TWO CITIES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

ONE OF THE BOARD MEMBERS, PETE HOWARD, IS A TENANT THAT LEASES SPACE AT FAIR MARKET VALUE FROM INDIANA SYMPHONY SOCIETY, INC.

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
Number, street, and room or suite no: 32 EAST WASHINGTON STREET
City, town or post office, state, and ZIP code: INDIANAPOLIS, IN 46204-2919

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

Form 990 (checked), Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), 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 organization's four digit Group Exemption Number (GEN) 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 is for

I request an additional 3-month extension of time until 07/15/2003
For calendar year, or other tax year beginning 09/01/2001 and ending 08/31/2002
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION TO PREPARE 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 See instructions \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
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 (Electronic Federal Tax Payment System) See instructions \$

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: Linda Pulawace CPA Title: BLUE & CO, LLC Date: 4/1/03

Notice to Applicant - To Be Completed by the IRS

We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

By _____ Date _____

Director _____ Date _____

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
Number and street (include suite, room, or apt. no) Or a P O box number: 11460 N MERIDIAN ST
City or town, province or state, and country (including postal or ZIP code): CARMEL, IN 46032-4530

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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 INDIANA SYMPHONY SOCIETY, INC.	Employer identification number 35-0998627
	Number, street, and room or suite no. If a P O box, see instructions 32 EAST WASHINGTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions INDIANAPOLIS, IN 46204-2919	

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 (sec 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) _____ 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 04/15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 09/01, 2001, and ending 08/31, 2002

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 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 ▶ *Amelia DuWallace CPA* Title ▶ BLUE & CO., LLC Date ▶ 1/8/03
 For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)