

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year beginning 09/01, 2002, and ending 08/31/2003

Form header section including B (Check if applicable), C (Name of organization: INDIANA SYMPHONY SOCIETY, INC.), D (Employer identification number: 35-0998627), E (Telephone number: (317) 262-1100), and F (Accounting method: Accrual).

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

Form section H through M, including H(a) through H(d) questions about affiliates and group returns, and M (Check if the organization is not required to attach Sch B).

G Web site: WWW.INDYORCH.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no) 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 23,287,986.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

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

SCANNED JUL 22 2004

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**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 page 21 of the instructions)

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	262,175.		262,175.	
26	Other salaries and wages	11,581,333.	8,703,245.	2,111,588.	766,500.
27	Pension plan contributions	684,834.	684,834.		
28	Other employee benefits	5,746,057.	4,924,858.	629,574.	191,625.
29	Payroll taxes	645,804.	645,804.		
30	Professional fundraising fees				
31	Accounting fees	27,724.		27,724.	
32	Legal fees	17,081.	2,850.	14,231.	
33	Supplies	76,787.	46,488.	23,417.	6,882.
34	Telephone	138,664.	1,892.	136,565.	207.
35	Postage and shipping	185,807.	104,118.	26,249.	55,440.
36	Occupancy	1,905,795.	1,905,795.		
37	Equipment rental and maintenance	160,777.	156,088.	4,689.	
38	Printing and publications	393,776.	277,437.	30,046.	86,293.
39	Travel	88,322.	67,518.	18,490.	2,314.
40	Conferences, conventions, and meetings	5,914.		4,961.	953.
41	Interest	15,995.	7,876.	8,119.	
42	Depreciation, depletion, etc (attach schedule)	1,027,907.	871,404.	156,503.	
43	Other expenses not covered above (itemize) <b>STMT 3</b>	5,876,256.	4,976,958.	433,753.	465,545.
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	28,841,008.	23,377,165.	3,888,084.	1,575,759.

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 page 24 of the instructions.)

What is the organization's primary exempt purpose? **STMT 5**

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	<b>SYMPHONY ORCHESTRA PERFORMANCES</b>				
	(Grants and allocations \$ _____)				23,377,165.
b					
	(Grants and allocations \$ _____)				
c					
	(Grants and allocations \$ _____)				
d					
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule)				
	(Grants and allocations \$ _____)				
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				23,377,165.

**Part IV Balance Sheets** (See page 24 of the instructions.)

**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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	1,150.	<b>45</b>	1,150.
	<b>46</b> Savings and temporary cash investments . . . . .	235,081.	<b>46</b>	78,946.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 875,648.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	532,737.	<b>47c</b> 875,648.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 2,733,392.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 90,000.	1,692,137.	<b>48c</b> 2,643,392.
	<b>49</b> Grants receivable . . . . .		1,253,489.	<b>49</b> 1,305,104.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .		3,380,194.	<b>53</b> 2,967,611.
	<b>54</b> Investments - securities (attach schedule) <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		7,154,184.	<b>54</b> 3,926,049.
	<b>Liabilities</b>	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>	
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55b</b>		<b>55c</b>
<b>56</b> Investments - other (attach schedule) . . . . .				<b>56</b>
<b>57a</b> Land, buildings, and equipment: basis . . . . .		<b>57a</b> 12,280,696.		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>57b</b> 5,091,050.	6,413,895.	<b>57c</b> 7,189,646.
<b>58</b> Other assets (describe <input type="checkbox"/> )				<b>58</b>
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			20,662,867.	<b>59</b> 18,987,546.
<b>60</b> Accounts payable and accrued expenses . . . . .			2,691,811.	<b>60</b> 5,997,581.
<b>61</b> Grants payable . . . . .				<b>61</b>
<b>62</b> Deferred revenue . . . . .			2,894,674.	<b>62</b> 2,870,833.
<b>Net Assets or Fund Balances</b>	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <b>STMT 7</b> )		134,921.	<b>65</b> 883,476.
	<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		5,721,406.	<b>66</b> 9,751,890.
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .		2,393,211.	<b>67</b> -2,175,439.
	<b>68</b> Temporarily restricted . . . . .		12,548,250.	<b>68</b> 11,411,095.
	<b>69</b> Permanently restricted . . . . .			<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		14,941,461.	<b>73</b> 9,235,656.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		20,662,867.	<b>74</b> 18,987,546.	

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 VI Other Information (See page 27 of the instructions.)

Form with rows 76-92 containing questions about organizational activities, expenditures, and tax information. Includes fields for 'Yes', 'No', and numerical values like '150,767' and '292'.

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

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 <b>TICKET SALES</b>					6,165,752.
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	7,428.	
96 Dividends and interest from securities			14	247,513.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	297,111.	
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					50,676.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <b>STMT 18</b>		362,936.		151,387.	665,117.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		362,936.		703,439.	6,881,545.
105 Total (add line 104, columns (B), (D), and (E))					7,947,920.

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 page 32 of the 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).
▼	STMT 19

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

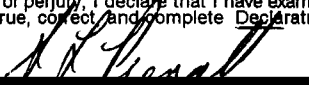
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the 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

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  Date 7/15/04

#

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No 1545-0047

**2002**

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	CONCERT MA 40	213,736.	17,099.	NONE
<u>KEVIN GARVEY</u> 32 EAST WASHINGTON ST, #600	VP FOR DEV 40	152,534.	11,008.	NONE
<u>K. BLAKE SCHLABACH</u> 32 EAST WASHINGTON ST, #600	ORCHESTRA 40	147,827.	17,099.	NONE
<u>TOM RAMSEY</u> 32 EAST WASHINGTON ST, #600	VP AND GEN 40	131,070.	8,862.	NONE
<u>QUENTIN QUINN</u> 32 EAST WASHINGTON ST, #600	MASTER PRO 40	138,336.	17,099.	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	1,311,907.
<u>THE WESTCOTT GROUP</u> INDIANAPOLIS, IN 46242	DESIGN/PRINTING	379,894.
<u>CRANFILL &amp; COMPANY</u> INDIANAPOLIS, IN 46202	ADVERTISING DESIGN	255,666.
<u>ICM ARTIST, LTD</u> NEW YORK, NY 10019	AGENT	262,700.
<u>BROWNING, DAY, MULLINS, &amp; DIERDORF</u> INDIANAPOLIS, IN 46204	ARCHITECTURE	232,627.
Total number of others receiving over \$50,000 for professional services . . . . . ▶	34	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

JSA  
2E1210 1 000

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		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 ▶ \$ _____ (Must equal amounts 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
<b>2</b> 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.) <span style="float: right;">STMT 20</span>			
<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
<span style="float: right;">STMT 21</span>			
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) . . . . .	3		X
<b>4</b> 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 5 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.)

11 a  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.)

11 b  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 5 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: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 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.

**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.

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

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 11 of the instructions.)

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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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 8/31/2002	Additions	Deletions	Fixed Assets 8/31/2003
Computer Equipment	\$ 622,089	36,730		\$ 658,819
Musical Instruments & Orchestra Equipment	940,186	24,535	(582)	964,139
Stage Property Equipment	737,580	294,457		1,032,037
Office Furniture & Equipment	641,478	11,559		653,037
Hall Property	373,156	3,875		377,031
Assets not Placed in Service		270,560		270,560
Leasehold Improvements	4,075,340	4,556,563	(306,832)	8,325,071
Construction in Progress	3,070,940		(3,070,940)	-
	<u>\$ 10,460,769</u>	<u>\$ 5,198,279</u>	<u>\$ (3,378,354)</u>	<u>\$ 12,280,694</u>

	Accumulated Depreciation 8/31/2002	Additions	Deletions	Accumulated Depreciation 8/31/2003
Computer Equipment	\$ 436,168	87,529	-	\$ 523,697
Musical Instruments & Orchestra Equipment	661,309	78,712	(120)	739,901
Stage Property Equipment	545,572	93,893		639,465
Office Furniture & Equipment	459,812	77,477		537,289
Hall Property	216,287	38,435		254,722
Leasehold Improvements	1,727,726	668,611	(361)	2,395,976
	<u>\$ 4,046,874</u>	<u>\$ 1,044,657</u>	<u>\$ (481)</u>	<u>\$ 5,091,050</u>

Included in rental expenses (line 6b) (16,750)  
\$ 1,027,907  
 (Line 42)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VINEYARD CELEBRATION	2,021.	1,467.	554.
FLEMING TOURS	800.	NONE	800.
MAESTRO OPEN GOLF	55,000.	20,911.	34,089.
SOTP KID FEST	3,626.	142.	3,484.
EVENING WITH MARIO	15,500.	3,751.	11,749.
TOTALS	76,947.	26,271.	50,676.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	899,881.	874,776.		25,105.
ANNOTATORS FEES	3,000.	3,000.		
AUDITION EXPENSE	6,138.	6,138.		
BAD DEBT EXPENSE	95,724.	16,050.		79,674.
BANK SERVICE CHARGES	135,129.		135,129.	
BROADCAST PRODUCTION	19,297.	19,297.		
COMMISSION FEES	46,315.	46,315.		
CONCERT PRODUCTION RESEARCH	8,942.	8,942.		
CONCERT PROMOTIONS	18,646.	18,646.		
DONOR BENEFITS	43,321.			43,321.
DONOR CULTIVATIONS	18,167.			18,167.
ELECTRICITY	149,012.	149,012.		
FEES - OTHER	237,941.	237,941.		
FOH DECORATIONS	34,444.	34,444.		
FOOD & BEVERAGE AUDIENCE	179,892.	179,892.		
FURNITURE & EQUIPMENT MAINTENANCE	22,668.	7,370.	15,298.	
GENERAL PRODUCTION EXP	200,842.	200,842.		
GUEST ARTIST HOSPITALITY	30,383.	30,383.		
GUEST FEES	1,982,147.	1,982,147.		
INSURANCE	116,277.	30,212.	86,065.	
LAUNDRY	7,358.	7,358.		
LICENSES & PERMITS	67,673.	67,673.		
MEMBERSHIP DUES	42,711.	1,602.	38,045.	3,064.
MISCELLANEOUS	69,356.	30,305.	2,629.	36,422.
MUSIC RENTALS	115,538.	115,538.		
MUSIC PURCHASES	30,947.	30,947.		
ORCHESTRA RELATIONS	3,158.	3,158.		
PAYROLL PROCESSING	23,037.		23,037.	
PHOTOGRAPHY	12,563.	818.	11,745.	
POPS CONSORTIUM MEMBER DISTRIB	-19,565.	-19,565.		
PROFESSIONAL SERVICE	373,325.	211,356.	97,535.	64,434.
PUBLIC RELATIONS	18,150.		4,724.	13,426.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RECRUITING - STAFF	9,333.		9,333.	
RESEARCH-SINGLE TICKETS	2,099.	2,099.		
SECURITY	179,183.	179,183.		
SMALL FIXTURES	34,536.	28,961.	4,984.	591.
STAGE EQUIPMENT & DECORATIONS	72,646.	72,646.		
STEAM AND CHILLED WATER	83,062.	83,062.		
SUBSCRIPTIONS	3,436.	555.	2,351.	530.
TELEMARKETING FEES	317,359.	147,543.		169,816.
TRAFFIC CONTROL	54,263.	54,263.		
TRANSPORTATION	57,974.	57,974.		
TRASH, WATER, & SEWAGE	19,695.	19,695.		
USHERS - GEN & ADMIN	3,002.	3,002.		
VOLUNTEER EXPENSE	5,737.		592.	5,145.
WORDS ON MUSIC	17,910.	17,910.		
YULETIDE TICKETS	23,604.	15,468.	2,286.	5,850.
TOTALS	5,876,256.	4,976,958.	433,753.	465,545.

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

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TO CULTIVATE AND PERFORM INSTRUMENTAL MUSIC.

FORM 990, PART IV - INVESTMENTS - SECURITIES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
FIXED INCOME MUTUAL FUNDS	7,154,184.	3,926,049.
TOTALS	----- 7,154,184.	----- 3,926,049.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PAYABLE TO ISO FOUNDATION	134,921.	883,476.
TOTALS	----- 134,921. =====	----- 883,476. =====

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

DESCRIPTION	AMOUNT
TENANT EXPENSES	126,512.
SPECIAL EVENT EXPENSES	26,271.
	-----
TOTAL	152,783.
	=====

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

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DESCRIPTION	AMOUNT
-----	-----
EXPENSES RELATED TO MISC INCOM	209,987.
BAD DEBT EXPENSE	16,050.
ROUNDING	4.
	-----
TOTAL	226,041.
	=====

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

DESCRIPTION	AMOUNT
TENANT EXPENSES	126,512.
SPECIAL EVENT EXPENSES	26,271.
	-----
TOTAL	152,783.
	=====

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

DESCRIPTION	AMOUNT
EXPENSES RELATED TO MISC INCOM	209,987.
BAD DEBT EXPENSE	16,050.
TOTAL	226,037.

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 40	262,175.	15,650.	NONE
JEFFREY ADAMS CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE
MR. MICHAEL J. ALLEY CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE
MR. DONALD B. ALTEMEYER INDIANAPOLIS, IN 46240-6418	BOARD MEMB 1	NONE	NONE	NONE
MR. TAYLOR L. BAKER, JR. INDIANAPOLIS, IN 46254	BOARD MEMB 1	NONE	NONE	NONE
ALPHA BLACKBURN INDIANAPOLIS, IN 46260	BOARD MEMB 1	NONE	NONE	NONE
CATERINA BLITZER INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
ROZELLE BOYD INDIANAPOLIS, IN 46226	BOARD MEMB 1	NONE	NONE	NONE
MR. JOHN A. BRATT INDIANAPOLIS, IN 46221	BOARD MEMB 1	NONE	NONE	NONE
DELORES BRENTS INDIANAPOLIS, IN 46202	BOARD MEMB 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
KAREN D. CORSARO INDIANAPOLIS, IN 46234	BOARD MEMB 1	NONE	NONE	NONE
MR. LOUIS E. DAUGHERTY INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
MR. STEPHEN DEVOE INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
DAWN FAZLI INDIANAPOLIS, IN 46228	BOARD MEMB 1	NONE	NONE	NONE
MR. RICHARD E. FORD WABASH, IN 46992	BOARD MEMB 1	NONE	NONE	NONE
DR. BHUWAN GARG INDIANAPOLIS, IN 46278	BOARD MEMB 1	NONE	NONE	NONE
JANET GIESSELMAN INDIANAPOLIS, IN 46268	BOARD MEMB 1	NONE	NONE	NONE
MARY JANE GONZALEZ CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE
CAROLYN S. HARDMAN INDIANAPOLIS, IN 46234	BOARD MEMB 1	NONE	NONE	NONE
MR. DOUGLAS J. HECKLER INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
DR. PETER W. HOWARD	BOARD MEMB 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 46202				
ANN HAMPTON HUNT INDIANAPOLIS, IN 46228	BOARD MEMB 1	NONE	NONE	NONE
CAROL SCHILLER ISRAEL INDIANAPOLIS, IN 46227	BOARD MEMB 1	NONE	NONE	NONE
MR. ROBERT S. KASPAR CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE
MR. ANDREW J. LYNCH INDIANAPOLIS, IN 46208	BOARD MEMB 1	NONE	NONE	NONE
DR. GORDON MALLETT ZIONSVILLE, IN 46077	BOARD MEMB 1	NONE	NONE	NONE
MR. ERIC A. MANTERFIELD INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
DON E. MARSH INDIANAPOLIS, IN 46256	BOARD MEMB 1	NONE	NONE	NONE
ILLENE K. MAURER INDIANAPOLIS, IN 46240-2805	BOARD MEMB 1	NONE	NONE	NONE
MR. BRUCE C. MCCAW INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
J. GEORGE MIKELSONS INDIANAPOLIS, IN 46251	BOARD MEMB 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. JAMES MANAK INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
LINDA L. PENCE INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
PEGGY MACNARY RAPP INDIANAPOLIS, IN 46240	BOARD MEMB 1	NONE	NONE	NONE
KENNETH L. RENKENS, M.D. CARMEL, IN 46033	BOARD MEMB 1	NONE	NONE	NONE
MR. ALBERT SMITH JR. INDIANAPOLIS, IN 46277	BOARD MEMB 1	NONE	NONE	NONE
MR. WILLIAM N. SALIN INDIANAPOLIS, IN 46240	BOARD MEMB 1	NONE	NONE	NONE
FRED E. SCHLEGEL INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
ALICE K. SCHLOSS INDIANAPOLIS, IN 46205	BOARD MEMB 1	NONE	NONE	NONE
MR. JERRY D. SEMLER INDIANAPOLIS, IN 46206-0368	BOARD MEMB 1	NONE	NONE	NONE
YVONNE H. SHAHEEN INDIANAPOLIS, IN 46239	BOARD MEMB 1	NONE	NONE	NONE
JAQUELINE A. SIMMONS	BOARD MEMB 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 46204				
MICHAEL SMITH INDIANAPOLIS, IN 46033	BOARD MEMB 1	NONE	NONE	NONE
ALAN C. STANFORD INDIANAPOLIS, IN 46240	BOARD MEMB 1	NONE	NONE	NONE
JAMES B. STEICHEN, M.D. INDIANAPOLIS, IN 46280-0434	BOARD MEMB 1	NONE	NONE	NONE
KATHRYN TAUREL INDIANAPOLIS, IN 46260	BOARD MEMB 1	NONE	NONE	NONE
MARIANNE WILLIAMS TOBIAS INDIANAPOLIS, IN 46220	BOARD MEMB 1	NONE	NONE	NONE
MR. JOSEPH F. TOUCHTON INDIANAPOLIS, IN 46204	BOARD MEMB 1	NONE	NONE	NONE
EUGENE D. VAN HOVE, M.D. CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE
WAYNE E. VINCENT RICHMOND, IN 47274	BOARD MEMB 1	NONE	NONE	NONE
MR. PETE WARD INDIANAPOLIS, IN 46254	BOARD MEMB 1	NONE	NONE	NONE
AUGUST M. WATANABE, M.D. CARMEL, IN 46032	BOARD MEMB 1	NONE	NONE	NONE



FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ROYALTIES			15	55,442.	
REIMBURSEMENTS					471,818.
MISCELLANEOUS			01	47,468.	
CONCESSIONS			03	39,611.	
ADVERTISING	541800	362,936.			
SOUVENIERS			01	8,866.	
POPS CONSORTIUM					193,299.
TOTALS		362,936.		151,387.	665,117.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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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.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE PART V, FORM 990.

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.

4 I request an additional 3-month extension of time until 07/15/2004
5 For calendar year, or other tax year beginning 09/01/2002 and ending 08/31/2003
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATI 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 Weiskopf CPA Title: Date: 4/15/04

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

EXTENSION APPROVED

MAY 03 2004

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING CENTER

Director

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: 12800 NORTH MERIDIAN ST, STE 400
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

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.

<b>Type or print</b>  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 no. If a P.O. box, see instructions. <b>32 EAST WASHINGTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>INDIANAPOLIS, IN 46204-2919</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(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, 2004, 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, 2002, and ending 08/31, 2003.

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 ▶ *Anna Pulcinella* Title ▶ *CRA* Date ▶ *1/24/04*  
For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)