

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

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 2003 calendar year, or tax year beginning 09/01, 2003, and ending 08/31/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIANA SYMPHONY SOCIETY, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 32 EAST WASHINGTON STREET 600 City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46204-2919	D Employer identification number 35-0998627	E Telephone number (317) 262-1100	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.INDYORCH.ORG**

J Organization type (check only one) ▶ 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.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

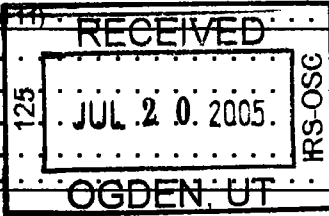
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **24,077,359.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received:							
	a Direct public support	1a		5,754,700.				
	b Indirect public support	1b		9,240,425.				
	c Government contributions (grants)	1c		308,250.				
	d Total (add lines 1a through 1c) (cash \$ 15,303,375. noncash \$)		1d		15,303,375.			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		6,523,333.			
	3 Membership dues and assessments		3					
	4 Interest on savings and temporary cash investments		4		2,204.			
	5 Dividends and interest from securities		5		96,116.			
	6 a Gross rents	6a		493,416.				
	b Less: rental expenses	6b		200,366.				
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c		293,050.			
	7 Other investment income (describe ▶)		7					
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other				
	b Less: cost or other basis and sales expenses	8a						
	c Gain or (loss) (attach schedule)	8b						
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c						
	8d							
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>							
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		62,100.				
	b Less: direct expenses other than fundraising expenses	9b		43,164.				
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c		18,936.			
	10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b						
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c					
	11 Other revenue (from Part VII, line 103)		11		1,596,815.			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		23,833,829.			
Expenses	13 Program services (from line 44, column (B))		13		19,519,291.			
	14 Management and general (from line 44, column (C))		14		4,101,003.			
	15 Fundraising (from line 44, column (D))		15		1,477,813.			
	16 Payments to affiliates (attach schedule)		16					
	17 Total expenses (add lines 16 and 44, column (A))		17		25,098,107.			
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		-1,264,278.			
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		9,235,656.			
	20 Other changes in net assets or fund balances (attach explanation)		20					
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		7,971,378.			

For Paperwork Reduction Act Notice, see the separate instructions.



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RECEIVED

GIB-15
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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 22 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 \$ _____)	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	251,541.	251,541.		
26 Other salaries and wages	26	11,577,246.	8,583,639.	2,105,551.	888,056.
27 Pension plan contributions	27	1,131,665.	945,930.		185,735.
28 Other employee benefits	28	1,075,040.	443,797.	631,243.	
29 Payroll taxes	29	624,945.	614,854.		10,091.
30 Professional fundraising fees	30				
31 Accounting fees	31	30,265.		30,265.	
32 Legal fees	32	9,859.		9,859.	
33 Supplies	33	73,734.	45,486.	23,789.	4,459.
34 Telephone	34	175,423.	2,506.	172,892.	25.
35 Postage and shipping	35	249,496.	166,179.	32,528.	50,789.
36 Occupancy	36	1,910,954.	1,910,954.		
37 Equipment rental and maintenance	37	187,114.	182,716.	4,398.	
38 Printing and publications	38	601,071.	239,066.	317,970.	44,035.
39 Travel	39	104,132.	72,223.	29,259.	2,650.
40 Conferences, conventions, and meetings	40	32,269.		25,104.	7,165.
41 Interest	41	9,790.	4,714.	5,076.	
42 Depreciation, depletion, etc. (attach schedule)	42	1,305,249.	1,133,945.	171,304.	
43 Other expenses not covered above (itemize): <u>STMT 3</u>	43a	5,748,314.	4,921,741.	541,765.	284,808.
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	25,098,107.	19,519,291.	4,101,003.	1,477,813.

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 25 of the instructions.)

What is the organization's primary exempt purpose? <u>STMT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
a <u>SYMPHONY ORCHESTRA PERFORMANCES</u> _____ _____ (Grants and allocations \$ _____)	19,519,291.
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)	19,519,291.

Part IV Balance Sheets (See page 25 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
Assets	45 Cash - non-interest-bearing	1,150.	45	1,150.
	46 Savings and temporary cash investments	78,946.	46	77,743.
	47a Accounts receivable	583,433.		
	47b Less: allowance for doubtful accounts	45,058.	875,648.	47c 538,375.
	48a Pledges receivable	2,971,859.		
	48b Less: allowance for doubtful accounts	90,000.	2,643,392.	48c 2,881,859.
	49 Grants receivable	1,305,104.	49	1,244,368.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	51b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,967,611.	53	2,626,253.
	54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,926,049.	54	2,738,369.
	55a Investments - land, buildings, and equipment: basis			
	55b Less: accumulated depreciation (attach schedule)			55c
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	12,591,358.		
	57b Less: accumulated depreciation (attach schedule)	6,408,123.	7,189,646.	57c 6,183,235.
	58 Other assets (describe _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	18,987,546.	59	16,291,352.	
Liabilities	60 Accounts payable and accrued expenses	5,997,581.	60	5,432,623.
	61 Grants payable		61	
	62 Deferred revenue	2,870,833.	62	2,674,717.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	64b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe _____ STMT 7)	883,476.	65	212,634.	
66 Total liabilities (add lines 60 through 65)	9,751,890.	66	8,319,974.	
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	-2,175,439.	67	-1,983,073.
	68 Temporarily restricted	11,411,095.	68	9,954,451.
	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; column (B) must equal line 21)	9,235,656.	73	7,971,378.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	18,987,546.	74	16,291,352.	

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 page 33 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 TICKET SALES					6,523,333.
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	2,204.	
96 Dividends and interest from securities			14	96,116.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	293,050.	
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					18,936.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b STMT 20		318,918.		413,160.	864,737.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		318,918.		804,530.	7,407,006.
105 Total (add line 104, columns (B), (D), and (E))					8,530,454.

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 34 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 21

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

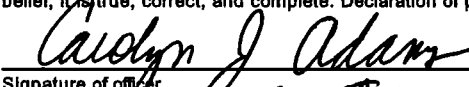
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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 Sign  Date 7/15/2005
 Signature of officer _____ Director of Finance

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

2003

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	MUSICIAN 40	202,259.	11,765.	NONE
<u>KEVIN GARVEY</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	VP FOR DEV 40	151,844.	10,834.	NONE
<u>MARIO VENZAGO</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	MUSIC DIRECTOR 40	296,080.	NONE	NONE
<u>JACK EVERLY</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	POPS CONDUCTOR 40	192,000.	14,850.	NONE
<u>K BLAKE SCHLABACH</u> 32 EAST WASHINGTON ST, #600 INDIANAPOLIS, IN 46204	PERSONNEL MGR 40	145,947.	11,765.	NONE
Total number of other employees paid over \$50,000	▶ 105			

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	220,939.
<u>THE WESTCOTT GROUP</u> INDIANAPOLIS, IN 46242	DESIGN/PRINTING	469,487.
<u>THREE SIXTY GROUP</u> MARLBORA, MASS.	CONSULTING	254,167.
<u>ICM ARTISTS, LTD.</u> NEW YORK, NY 10019	GUEST ARTIST FEE	221,983.
<u>SECURITAS SECURITY SERVICES</u> INDIANAPOLIS, IN 46205	SECURITY	151,666.
Total number of others receiving over \$50,000 for professional services	▶ 12	

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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
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.			
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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 22	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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 years (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (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, amounts received from payments on securities loans; 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.) **NOT APPLICABLE**
 (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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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.	34b	
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	35	

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.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	41	
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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
a Volunteers	N/A		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	N/A		
c Media advertisements	N/A		
d Mailings to members, legislators, or the public	N/A		
e Publications, or published or broadcast statements	N/A		
f Grants to other organizations for lobbying purposes	N/A		
g Direct contact with legislators, their staffs, government officials, or a legislative body	N/A		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	N/A		
i 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 8/31/2003	Additions	Deletions	Fixed Assets 8/31/2004
Computer Equipment	\$ 658,819	416,021	(7,648)	\$ 1,067,192
Musical Instruments & Orchestra Equipment	964,139	3,633		967,772
Stage Property Equipment	1,032,037	99,776		1,131,813
Office Furniture & Equipment	653,037	26,930		679,967
Hall Property	377,031	4,024		381,055
Assets not Placed in Service	270,560	-	(270,560)	-
Leasehold Improvements	8,325,071	38,488		8,363,559
	<u>\$ 12,280,694</u>	<u>\$ 588,872</u>	<u>\$ (278,208)</u>	<u>\$ 12,591,358</u>

	Accumulated Depreciation 8/31/2003	Additions	Deletions	Accumulated Depreciation 8/31/2004
Computer Equipment	\$ 523,697	131,733	(1,275)	\$ 654,155
Musical Instruments & Orchestra Equipment	739,901	70,838	-	810,739
Stage Property Equipment	639,465	98,727		738,192
Office Furniture & Equipment	537,289	52,780		590,069
Hall Property	254,722	36,695		291,417
Leasehold Improvements	2,395,976	939,621	(12,046)	3,323,551
	<u>\$ 5,091,050</u>	<u>\$ 1,330,394</u>	<u>\$ (13,321)</u>	<u>\$ 6,408,123</u>

Included in rental expenses (line 6b) (25,145)

\$ 1,305,249

(Line 42)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MAESTRO GOLF OPEN	-5,000.	4,514.	-9,514.
ESTATE OF THE ARTS	67,100.	38,650.	28,450.
TOTALS	62,100.	43,164.	18,936.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	975,619.	957,655.		17,964.
ANNOTATORS FEES	3,000.	3,000.		
AUDITION EXPENSE	9,208.	9,208.		
BAD DEBT EXPENSE	76,011.	11,200.		64,811.
BANK SERVICE CHARGES	142,134.		142,134.	
BROADCAST PRODUCTION	31,569.	31,569.		
COMMISSION FEES	39,205.	39,205.		
CONCERT PRODUCTION RESEARCH	21,804.	21,804.		
CONCERT PROMOTIONS	5,316.	5,316.		
DONOR BENEFITS	30,837.			30,837.
DONOR CULTIVATION	36,243.	805.		35,438.
ELECTRICITY	144,804.	144,804.		
FEES - OTHER	299,142.	299,142.		
FOOD AND BEVERAGE	144,668.	144,668.		
FRIENDS OF HILBERT DECORATIONS	29,894.	29,894.		
FURN, FIXT, & EQUIP MAINTENANC	23,991.	7,160.	16,831.	
GENERAL PRODUCTION	236,645.	236,645.		
GUEST ARTIST HOSPITALITY	31,414.	31,414.		
GUEST FEES	1,859,831.	1,859,831.		
INSURANCE	129,684.	30,067.	99,617.	
LAUNDRY/UNIFORM MAINTENANCE	3,852.	3,852.		
LICENSES AND PERMITS	61,561.	61,561.		
MEMBERSHIP AND DUES	42,438.	2,244.	36,161.	4,033.
MISCELLANEOUS	82,628.	37,908.	22,038.	22,682.
MUSIC AND INSTRUMENTAL RENTAL	103,527.	103,527.		
MUSIC PURCHASES	52,090.	52,090.		
ORCHESTRA RELATIONS	3,797.	3,797.		
PAYROLL PROCESSING	24,516.		24,516.	
PHOTOGRAPHY	17,448.	179.	17,269.	
PROFESSIONAL SERVICE	195,446.	129,207.	22,750.	43,489.
PUBLIC RELATIONS	61,091.		46,933.	14,158.
RESEARCH - G & A	3,038.			3,038.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RESEARCH - SINGLE TICKETS	9,460.	9,460.		
SECURITY	161,744.	161,744.		
SMALL FIXTURES	52,021.	42,101.	7,192.	2,728.
STAGE EQUIPMENT AND DECORATION	75,732.	75,732.		
STEAM AND CHILLED WATER	90,381.	90,381.		
SUBSCRIPTIONS AND PUBLICATIONS	5,434.	521.	3,985.	928.
TELEMARKETING FEES	102,412.	88,808.		13,604.
TRAFFIC CONTROL	48,276.	48,276.		
TRANSPORTATION	53,530.	53,530.		
TRASH, WATER, & SEWERAGE	16,082.	16,082.		
VOLUNTEER EXPENSE	3,100.		48.	3,052.
WORDS ON MUSIC	10,828.	10,828.		
YULETIDE TICKETS	38,131.	6,386.	3,699.	28,046.
MAIL LIST RENTAL	19,264.	19,264.		
USHERS - GEN & ADMIN	9,053.	9,053.		
MUSICIANS - GEN & ADMIN	31,823.	31,823.		
RECRUITING - STAFF	14,471.		14,471.	
TESSITURA	84,121.		84,121.	
TOTALS	5,748,314.	4,921,741.	541,765.	284,808.

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

TO CULTIVATE AND PERFORM INSTRUMENTAL MUSIC.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FIXED INCOME MUTUAL FUNDS	3,926,049.	2,738,369.
TOTALS	3,926,049.	2,738,369.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PAYABLE TO THE ISO FOUNDATION	883,476.	212,634.
TOTALS	883,476.	212,634.

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

DESCRIPTION	AMOUNT
TENANT EXPENSES	200,366.
TOTAL	200,366.

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

DESCRIPTION	AMOUNT
EXPENSES RELATED TO MISC INCOM	494,307.
ROUNDING DIFFERENCE	575.
TOTAL	494,882.

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

DESCRIPTION	AMOUNT
-----	-----
TENANT EXPENSES	200,366.
TOTAL	----- 200,366. =====

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

DESCRIPTION	AMOUNT
-----	-----
EXPENSES RELATED TO MISC INCOM	494,307.

TOTAL	494,307.
	=====

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	251,541.	15,560.	NONE
JEFFREY ADAMS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DONALD ALTEMEYER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT ANKER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT ARMITAGE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
TAYLOR L. BAKER, JR. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JANET BARB 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ALPHA BLACKBURN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
DR. MARY E. BUSCH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROZELLE BOYD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JOHN A. BRATT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KAREN D. CORSARO 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
LOUIS E. DAUGHERTY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
STEPHEN E. DEVOE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROLLIN M. DICK 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MARGOT L. ECCLES 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
DR. BOBBY FONG 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
OTTO (NICK) N. FRENZEL, III 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JANET GIESSELMAN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
CAROLYN S. HARDMAN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DOUGLAS J. HECKLER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ANN HAMPTON HUNT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
CAROL SCHILLER ISRAEL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT S. KASPAR 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
ANDREW J. LYNCH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
GORDON E. MALLETT PH.D. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MR. ERIC A. MANTERFIELD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DON E. MARSH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ILLENE K. MAURER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MR. BRUCE C. MCCAW 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MURIEL MOEBIUS MIKELSONS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ANN D. MURFLOW 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
GUIDO J. NEELS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JAMES R. MANAK 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
PEGGY MACNARY RAPP 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KENNETH L. RENKENS, M.D. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
WILLIAM N. SALIN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
FRED E. SCHLEGEL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ALICE K. SCHLOSS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JERRY D. SEMLER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JAQUELINE A. SIMMONS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
J. ALBERT SMITH JR. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
ALAN C. STANFORD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JAMES B. STEICHEN, M.D. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KATHRYN TAUREL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MARIANNE WILLIAMS TOBIAS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
JOHN R. THORNBURGH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
JOSEPH F. TOUCHTON 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KENNETH L. TURCHI 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KIT STOLEN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
WAYNE E. VINCENT 32 E. WASHINGTON STREET, SUITE 600 RICHMOND, IN 47374	BOARD MEMBER 1	NONE	NONE	NONE
PETE WARD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
AUGUST M. WATANABE, M.D. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
DAVID E. WILCOX, P.E. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
MARLYNE SEXTON 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	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
ROBERT B. WINGERTER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
RICHARD D. WOOD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
KATHY HUMPHREY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1	NONE	NONE	NONE
GRAND TOTALS		251,541.	15,560.	NONE

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ROYALTIES			15	172,750.	455,377.
REIMBURSEMENTS			01	199,952.	
MISCELLANEOUS			03	24,556.	
CONCESSIONS					
ADVERTISING	541800	318,918.			
SOUVENIERS			01	15,902.	409,360.
POPS CONSORTIUM					
TOTALS		318,918.		413,160.	864,737.

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.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990.

0408

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

Type or print File by the extended due date for filing the 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	For IRS use only
	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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 07/15/2005
- For calendar year _____, or other tax year beginning 09/01/2003 and ending 08/31/2004
- 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 COMPLETE AN 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. 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 FED coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	\$ <u>0</u>

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 Karla M. Schuchte Title CPA Date 6/9/05

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: _____

Director _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an add returned to an address different than the one entered above.

Type or print	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

EXTENSION APPROVED

JUN 29 2005

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization 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 600	
	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, 2005, 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, 2003, and ending 08/31, 2004.

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 ▶ Barbara M. Schuchter Title ▶ CPA Date ▶ 1/17/2005
 For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)