

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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 2005 calendar year, or tax year beginning SEP 1, 2005 and ending AUG 31, 2006

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

G Website: WWW.INDIANAPOLISSYMPHONY.ORG. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. M Check if the organization is not required to attach Sch. B.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 25,242,379.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from 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) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED AUG 08 2007

RECEIVED SEP 11 2007

SEE STATEMENT 1

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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

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 \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	258,412.	258,412.	0.	0.
26	Other salaries and wages	12,547,930.	11,074,008.	635,702.	838,220.
27	Pension plan contributions	872,097.	872,097.		
28	Other employee benefits	477,834.	-485,206.	776,130.	186,910.
29	Payroll taxes	682,403.	676,222.		6,181.
30	Professional fundraising fees				
31	Accounting fees	40,650.		40,650.	
32	Legal fees	48,190.		48,190.	
33	Supplies	103,480.	66,587.	36,893.	
34	Telephone	176,350.		176,350.	
35	Postage and shipping	124,659.	58,213.	28,428.	38,018.
36	Occupancy	2,003,482.	2,003,482.		
37	Equipment rental and maintenance	115,445.	108,876.	6,569.	
38	Printing and publications	376,763.	230,039.	62,927.	83,797.
39	Travel	127,571.	82,797.	42,670.	2,104.
40	Conferences, conventions, and meetings	29,020.	2,965.	22,655.	3,400.
41	Interest	27,118.		27,118.	
42	Depreciation, depletion, etc. (attach schedule)	1,271,506.	963,042.	308,464.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 5	6,746,296.	5,831,542.	581,454.	333,300.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	26,029,206.	21,743,076.	2,794,200.	1,491,930.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
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.)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	21,743,076.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	21,743,076.

Part IV Balance Sheets (See 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	1,151.
	46	Savings and temporary cash investments	71,817.	46	160,022.
	47 a	Accounts receivable	572,193.		
		b Less: allowance for doubtful accounts		47c	572,193.
	48 a	Pledges receivable	2,482,100.		
		b Less: allowance for doubtful accounts	89,555.	48c	2,392,545.
	49	Grants receivable	1,349,126.	49	1,173,091.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,444,011.	53	2,331,612.
	54	Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,933,673.	54	239,929.
	55 a	Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	12,936,122.			
	b Less: accumulated depreciation	8,672,296.	57c	4,263,826.	
58	Other assets (describe ▶ _____)		58		
59	Total assets (must equal line 74). Add lines 45 through 58	13,289,022.	59	11,134,369.	
Liabilities	60	Accounts payable and accrued expenses	6,774,660.	60	4,468,535.
	61	Grants payable		61	
	62	Deferred revenue	2,730,805.	62	2,754,119.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 8)	195,444.	65	1,746,193.
66	Total liabilities. Add lines 60 through 65)	9,700,909.	66	8,968,847.	
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	-4,273,924.	67	-4,592,683.
	68	Temporarily restricted	7,862,037.	68	6,758,205.
	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)	3,588,113.	73	2,165,522.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	13,289,022.	74	11,134,369.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 207,496.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed IN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	201
91 a	The books are in care of JANE E. NOLD SHRINER Telephone no 317-262-1100 Located at 32 EAST WASHINGTON ST, STE 600, INDIANAPOLIS, IN ZIP + 4 46204		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TICKET SALES					6,986,697.
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	8,591.	
96 Dividends and interest from securities			14	27,383.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	251,059.	
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					181,268.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 11		260,249.		266,866.	730,175.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		260,249.		553,899.	7,898,140.
105 Total (add line 104, columns (B), (D), and (E))					8,712,288.

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 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)
▼	SEE STATEMENT 12

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

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Jane E Nold Shriner* Date: 7/16/2007
 Type or print name and title: JANE E NOLD SHRINER VP of Finance and Strategic Planning

Paid Preparer's Use Only: Preparer's signature: *Karla M. Schlichte, CPA* Date: 7-9-07
 Firm's name (or yours if self-employed), address, and ZIP + 4: BLUE & CO., LLC 12800 N MERIDIAN ST, SUITE 400 CARMEL, IN 46032
 Check if self-employed: Preparer's SSN or PTIN: P00450107
 EIN: 35-1170661
 Phone no: 317-848-8920

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARIO VENZAGO 32 E WASH ST #600, INDIANAPOLIS 46204	MUSIC DIRECTOR 40.00	350,819.	4,850.	
JACK EVERLY 32 E WASH ST #600, INDIANAPOLIS 46204	POPS CONDUCTOR 40.00	206,000.	22,340.	
HIDETARO SUZUKI 32 E WASH ST #600, INDIANAPOLIS 46204	MUSICIAN 40.00	162,223.	0.	
QUENTIN QUINN 32 E WASH ST #600, INDIANAPOLIS 46204	STAGEHAND 40.00	154,419.	23,720.	
K BLAKE SCHLABACH 32 E WASH ST #600, INDIANAPOLIS 46204	PERSONNEL MGR 40.00	150,904.	23,720.	
Total number of other employees paid over \$50,000 ▶	104			

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THREE SIXTY GROUP 36 SOUTH PENNSYLVANIA STREET, INDIANAPOLIS, IN 46204	DESIGN AND ADVERTISING	1,110,527.
CONNER PRAIRIE, INC. 13400 ALLISONVILLE ROAD, FISHERS, IN 46038	RENT	333,403.
THE WESTCOTT GROUP P.O. BOX 42766, INDIANAPOLIS, IN 46242	DESIGN AND PRINTING	227,618.
SPORT GRAPHICS PRINTING 3423 PARK DAVIS CIRCLE, INDIANAPOLIS IN 46235	DESIGN AND PRINTING	200,062.
SECURITAS SECURITY SERVICES P.O. BOX 403412, ATLANTA, GA 30384	SECURITY	169,185.
Total number of other contractors receiving over \$50,000 for other services ▶	8	

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 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of 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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
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)?	X	
e Transfer of any part of its income or assets?		X
3 a 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	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	15736324.	15125644.	14184413.	19080482.	64,126,863.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,909,322.	8,284,671.	6,946,839.	7,351,196.	30,492,028.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	793,234.	1,130,111.	734,006.	959,984.	3,617,335.
19 Net income from unrelated business activities not included in line 18	305,547.	318,918.	362,936.	304,026.	1,291,427.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	24744427.	24859344.	22228194.	27695688.	99,527,653.
24 Line 23 minus line 17	16835105.	16574673.	15281355.	20344492.	69,035,625.
25 Enter 1% of line 23	247,444.	248,593.	222,282.	276,957.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	1,380,713.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	3,909,587.
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	69,035,625.
d Add Amounts from column (e) for lines 18 <u>3,617,335.</u> 19 <u>1,291,427.</u> 22 _____ 26b <u>3,909,587.</u>	26d	8,818,349.
e Public support (line 26c minus line 26d total)	26e	60,217,276.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	87.2264%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A	(2004)	(2003)	(2002)	(2001)
c Add. Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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?	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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	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)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
-----------------------------------	--

		N/A	
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 -	41	
If the amount on line 40 is -			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
		The lobbying nontaxable amount is -	
		20% of the amount on line 40	
		\$100,000 plus 15% of the excess over \$500,000	
		\$175,000 plus 10% of the excess over \$1,000,000	
		\$225,000 plus 5% of the excess over \$1,500,000	
		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	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				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

LINE 18 RECONCILIATION

THE SOCIETY'S GENERAL OPERATING FUND REPORTED A POSITIVE CHANGE IN NET ASSETS DURING THE PERIOD OF \$4,396.

THE SOCIETY'S OTHER UNRESTRICTED FUNDS, WHICH INCLUDE THE PENSION PLAN AND THE BOARD DESIGNATED REPORTED A POSITIVE CHANGE OF \$1,816,116 AND A NEGATIVE CHANGE OF \$2,139,271, RESPECTIVELY, FOR A TOTAL CHANGE IN UNRESTRICTED NET ASSETS OF A NEGATIVE \$318,759.

THE SOCIETY'S TEMPORARILY RESTRICTED NET ASSETS REPORTED A NEGATIVE CHANGE IN NET ASSETS OF \$1,103,832.

THE OVERALL CHANGE IN THE SOCIETY'S NET ASSETS FOR THE YEAR IS A NEGATIVE CHANGE OF \$1,422,591 AS REPORTED ON LINE 18.

FORM 990

RENTAL INCOME

STATEMENT 2

<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
UNOCCUPIED SPACE RENTED OUT IN SYMPHONY CENTRE	1	440,596.
TOTAL TO FORM 990, PART I, LINE 6A		440,596.

FORM 990

RENTAL EXPENSES

STATEMENT 3

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
RENTAL EXPENSES		189,537.	
- SUBTOTAL -	1		189,537.
TOTAL TO FORM 990, PART I, LINE 6B			189,537.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MAESTRO GOLF OPEN	88,070.	0.	88,070.	20,092.	67,978.
YULETIDE PHOTOGRAPHER	4,063.		4,063.	303.	3,760.
DAMIEN CENTER BENEFIT	76,770.	0.	76,770.	52,615.	24,155.
FORTE POKER TOURNAMENT	1,258.	0.	1,258.	0.	1,258.
ESTATE OF THE ARTS	155,750.	0.	155,750.	102995.	52,755.
RUN/WALK	42,021.	0.	42,021.	35,019.	7,002.
STAR GAZING PARTY	11,850.	0.	11,850.	6,618.	5,232.
OPENING GALA	245,978.	0.	245,978.	227260.	18,718.
GALLERY OPENING	30.	0.	30.	1,325.	-1,295.
FORTE SOTP TAILGATE	1,705.	0.	1,705.	0.	1,705.
TO FM 990, PART I, LINE 9	627,495.	0.	627,495.	446227.	181,268.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,257,774.	1,256,813.		961.
ANNOTATORS FEES	3,500.	3,500.		
AUDITION EXPENSE	28,899.	28,899.		
BAD DEBT EXPENSE	113,875.	2,350.		111,525.
BANK SERVICE CHARGES	159,433.	141,133.	6,649.	11,651.
BROADCAST PRODUCTION	25,126.	25,126.		
COMMISSION FEES	51,459.	51,459.		
CONCERT PROD.				
RESEARCH	13,181.	13,181.		
CONCERT PROMOTIONS	27,833.	27,833.		
DIVERSITY	1,795.	1,795.		
DONOR BENEFITS	29,789.	0.	1,800.	27,989.
DONOR CULTIVATION	32,034.	0.		32,034.
ELECTRICITY	185,472.	185,472.		
FEES - OTHER	237,900.	237,900.		
FOOD AND BEVERAGE	57,589.	57,589.		
FOH DECORATIONS	15,688.	15,688.		
FURN & EQUIP MAINT.	24,988.	7,131.	17,857.	
GENERAL PRODUCTION	209,580.	209,580.		
GUEST ARTIST HOSP.	32,512.	32,512.		
GUEST FEES	1,981,282.	1,981,282.		
INSURANCE	101,472.		101,472.	
LAUNDRY/UNIF MAINT.	9,324.	9,324.		
LICENSES AND PERMITS	77,855.	77,855.		
MEMBERSHIP AND DUES	46,654.	1,947.	43,100.	1,607.
MERCHANDISING	3,987.	3,987.		
MISCELLANEOUS	219,120.	87,669.	114,369.	17,082.
MUSIC AND INSTR.				
RENT	111,423.	111,423.		
MUSIC PURCHASES	38,503.	38,503.		
ORCHESTRA RELATIONS	11,303.	11,303.		
PAYROLL PROCESSING	21,529.		21,529.	
PHOTOGRAPHY	12,526.	501.	12,025.	
PROFESSIONAL SERVICE	291,078.	60,833.	178,896.	51,349.
PUBLIC RELATIONS	23,528.		5,896.	17,632.
RESEARCH - G & A	116,089.	116,073.		16.
RES.-SINGLE TICKETS	7,595.	7,595.		
SECURITY	153,496.	153,496.		
SMALL FIXTURES	20,617.	11,215.	9,402.	
SPONSORSHIP				
VALUATION	8,955.			8,955.
STAGE EQUIP & DECOR.	114,953.	114,953.		
STEAM & CHILLED				
WATER	129,729.	129,729.		
SUBS. & PUBLICATIONS	2,904.	222.	2,013.	669.

INDIANA SYMPHONY SOCIETY, INC.

35-0998627

TELEMARKETING FEES	98,686.	57,899.		40,787.
TRAFFIC CONTROL	86,180.	86,180.		
TRANSPORTATION	70,408.	70,408.		
TRASH, WATER, & SEWER	25,508.	25,508.		
VOLUNTEER EXPENSE	17,674.	15,962.		1,712.
IT MAINTENANCE AGREEMENTS	48,052.	0.	48,052.	
WORDS ON MUSIC	6,400.	6,400.		
USHERS - GEN & ADMIN	-30.	-30.		
MUSICIANS-GEN & ADMIN	50,375.	50,375.		
RECRUITING - STAFF	18,394.		18,394.	
TRAINING MUSICIANS	1,756.	1,756.		
FORTE EXPENSES	6,616.			6,616.
TRIBUTED EXPENSE	2,715.			2,715.
EDUCATIONAL RECLASS	301,213.	301,213.		
TOTAL TO FM 990, LN 43	<u>6,746,296.</u>	<u>5,831,542.</u>	<u>581,454.</u>	<u>333,300.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

6

DESCRIPTION OF PROGRAM SERVICE ONE

THE INDIANAPOLIS SYMPHONY ORCHESTRA IS THE LARGEST PERFORMING ARTS ORGANIZATION IN THE STATE OF INDIANA. MORE THAN 200 CONCERTS ARE PRESENTED FOR OVER 400,000 PEOPLE ANNUALLY, INCLUDING THOUSANDS OF CHILDREN. CONCERTS INCLUDE PROGRAMS OF CLASSICAL MUSIC UNDER THE LEADERSHIP OF MUSIC DIRECTOR, MARIO VENZAGO, SYMPHONIC POPS UNDER PRINCIPAL POPS CONDUCTOR, JACK EVERLY, FAMILY PROGRAMS, OUR POPULAR YULETIDE CELEBRATION, HAPPY HOUR AT THE SYMPHONY, AND OUTDOOR CONCERTS THROUGHOUT THE SUMMER.

INDIANAPOLIS-ON-THE-AIR, A SYNDICATED BROADCAST OF LIVE PERFORMANCES, AIRED MUSIC RECORDED IN INDIANAPOLIS INTO THE HOMES OF PEOPLE IN 39 STATES.

THE HISTORIC HILBERT CIRCLE THEATRE, AT THE HEART OF DOWNTOWN INDIANAPOLIS, IS THE THE HOME OF THE ISO, AND THE ADJACENT SYMPHONY CENTRE OFFICE BUILDING IS ALSO OWNED AND OPERATED BY THE ORGANIZATION. IN ADDITION, THE ORCHESTRA IS IN THE 25TH YEAR OF SUMMER PERFORMANCES ON THE GROUNDS OF CONNER PRAIRIE OUTDOOR HISTORY MUSEUM IN FISHERS, IN, ALONG WITH CONCERTS THROUGHT THE YEAR IN VENUES ACCROSS THE STATE.

THE INDIANAPOLIS SYMPHONY ORCHESTRA ALSO HAS A LEADING ROLE IN MUSIC EDUCATION. IN OVER 100 CLASSROOMS IN THE METROPOLITAN AREA, OUR ARTS EVERYDAY PROGRAM PARTNERS MUSICIANS AND ARTISTS WITH SCHOOLS TO HELP THEM ACHIEVE THEIR CURRICULAR GOALS - TEACHING THEM ABOUT CULTURE, COMMUNICATION, MATH, SCIENCE AND CREATIVITY THROUGH MUSIC AND THE ARTS.

A VARIETY OF CLASSROOM MUSIC RESOURCE KITS FOCUSING ON EARLY CHILDHOOD MUSIC ORCHESTRAL INSTRUMENTS, AND WORLD MUSIC ARE BORROWED BY DOZENS OF PRE-SCHOOL, ELEMENTARY AND MIDDLE SCHOOLS OFFERING CHILDREN RICH, HANDS-ON LEARNING OPPORTUNITIES, THERE ARE ALSO A WIDE RANGE OF PROGESSIONAL DEVELOPMENT OPPORTUNITIES AVAILABLE FOR TEACHERS THROUGHT OUT THE YEAR TO ENABLE THEM TO GAIN NEW SKILLS AS WELL AS RENEW AND RE-ENERGIZE TOGETHER.

SYMPHONY ON THE MOVE BRINGS MUSICIANS TO SPEAK AND PERFORM IN VENUES WHERE PEOPLE WORK AND GATHER. FROM CORPORATE OFFICES TO PUNLIC LIBRARIES, SMALL ENSEMBLES SHOWCASE THEIR

TALENTS AND PREVIEW UPCOMING ISO EVENTS. THROUGH SYMPHONY ON THE MOVE, THE ISO HAD THE OPPORTUNITY TO SERVE OUR GROWING HISPANIC COMMUNITY. A SPANISH TRANSLATION OF THIS PROGRAM WAS OFFERED AT TWO MARION COUNTY PUBLIC LIBRARIES LAST SEASON.

OTHER EDUCATIONAL PROGRAMS INCLUDE HIGH SCHOOL FOREIGN LANGUAGE CLUB NIGHTS, ARTIST ENCOUNTERS AND MASTER CLASSES AND SIDE-BY-SIDE (HIGH-SCHOOL STUDENTS REHEARSING AND PERFORMING ALONGSIDE ORCHESTRA PROFESSIONALS). THE HALLMARKS OF THE ORCHESTRA'S COMMITMENT TO YOUTH ARE THE ST. VINCENT FAMILY SERIES AND THE SALLIE MAE FUND YOUNG PEOPLE'S DISCOVERY CONCERTS, WHICH COMBINED SERVE MORE THAN 40,000 PEOPLE EACH SEASON.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	21,743,076.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO INSPIRE, ENTERTAIN, EDUCATE AND CHALLENGE THROUGH INNOVATIVE PROGRAMS
AND SYMPHONIC MUSIC PERFORMED AT THE HIGHEST ARTISTIC LEVEL.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTIONAMOUNT

PAYABLE TO THE ISO FOUNDATION

1,746,193.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

1,746,193.

FORM 990

OTHER SECURITIES

STATEMENT 9

<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>OTHER SECURITIES</u>
FIXED INCOME MUTUAL FUNDS	FMV	239,929.
TO FORM 990, LINE 54, COL B		<u>239,929.</u>

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 10
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SIMON CROOKALL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	PRESIDENT/CEO 40.00	235,145.	23,267.	0.
ALAN C. STANFORD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ALICE K. SCHLOSS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ALPHA BLACKBURN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ANN HAMPTON HUNT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
THE HONORABLE BILLIE J. BREAUX 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
BRYCE H. BENNETT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
C DANIEL YATES 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
CHRISTINA BODUROW ERWIN PHD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
CHRISTOPHER A. SLAPAK 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
DR. AUGUST M. WATANABE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.

DR. BOBBY FONG 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
DR. MARY E. BUSCH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ERIC A. MANTERFIELD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	SECRETARY 1.00	0.	0.	0.
E. W. KELLEY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
FRED E. SCHLEGEL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
GORDON E. MALLET PH.D. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
GUIDO J. NEELS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ILLENE MAURER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
J. ALBERT SMITH JR. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JAMES R. MANAK 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JAMES B STEICHEN MD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JANET BARB 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JANET GISSELMAN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.

JOHN A. BRATT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JOHN R. THORNBURGH 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JOSETTE C. RATHBUN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
JUSTIN P. CHRISTIAN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
KAREN H. MERSEREAU 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
KATHY HUMPHREY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
KATHY TAUREL 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
KAY PASHOS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
KIT STOLEN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
LAURA INGAM 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
LAWRENCE M. COUNEN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
LAWRENCE E. LAWHEAD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
LOUIS E. DAUGHERTY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.

LINDA L. PENCE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MARGARET CHEN 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MARGOT L. ECCLES 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MARIANNE WILLIAMS TOBIAS 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MARLYNE SEXTON 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MARNI MCKINNEY 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL H. DUFF, JR. 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
OTTO N. FRENZEL III 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
PETER W. HOWARD PHD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
RICHARD D. WOOD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ROBERT A. ANKER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	CHAIR 1.00	0.	0.	0.
ROBERT A. ARMITAGE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ROBERT KASPAR 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.

ROBERT B. WINGERTER 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	TREASURER 1.00	0.	0.	0.
ROLLIN M. DICK 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
RONALD E TALBOT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
ROZELLE BOYD 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
STEPHEN E. DEVOE 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
WAYNE E. VINCENT 32 E. WASHINGTON STREET, SUITE 600 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>235,145.</u>	<u>23,267.</u>	<u>0.</u>

FORM 990

OTHER REVENUE

STATEMENT 11

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
ROYALTIES			15	12,654.	
REIMBURSEMENTS					373,000.
MISCELLANEOUS			01	77,453.	
CONCESSIONS			03	34,225.	
ADVERTISING	541800	260,249.			
SOUVENIERS			01	11,333.	
POPS CONSORTIUM					357,175.
TICKET HANDLING FEES			01	131,201.	
TO FORM 990, PART VII, LINE 103		260,249.		266,866.	730,175.

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

FIN 35-0998627

	Fixed Assets 8/31/2005	Additions	Deletions	Fixed Assets 8/31/2006
Computer Equipment	\$ 1,041,876	67,968		\$ 1,109,844
Musical Instruments & Orchestra Equipment	992,210	194,753		1,186,963
Stage Property Equipment	1,044,521	51,191		1,095,712
Office Furniture & Equipment	616,446	3,582		620,028
Hall Property	397,652	38,469		436,121
Assets not Placed in Service	-			-
Leasehold Improvements	8,442,085	45,369		8,487,454
	<u>\$ 12,534,790</u>	<u>\$ 401,332</u>	<u>\$ -</u>	<u>\$ 12,936,122</u>

	Accumulated Depreciation 8/31/2005	Additions	Deletions	Accumulated Depreciation 8/31/2006
Computer Equipment	\$ 740,198	186,461		\$ 926,659
Musical Instruments & Orchestra Equipment	863,348	35,501		898,849
Stage Property Equipment	648,730	87,353		736,083
Office Furniture & Equipment	564,271	28,699		592,970
Hall Property	328,245	33,205		361,450
Leasehold Improvements	4,234,089	922,196		5,156,285
	<u>\$ 7,378,881</u>	<u>\$ 1,293,415</u>	<u>\$ -</u>	<u>\$ 8,672,296</u>

Included in rental expenses (line 6b) (21,909)

\$ 1,271,506
 (Line 42)

Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization INDIANA SYMPHONY SOCIETY, INC.	Employer identification number 35-0998627
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 32 EAST WASHINGTON STREET, NO. 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 |

- The books are in the care of ▶ **JANE E. NOLD SHRINER**
 Telephone No. ▶ **317-262-1100** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **APRIL 16, 2007** 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 **SEP 1, 2005**, and ending **AUG 31, 2006**

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 \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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, NO. 600	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.

- The books are in the care of **JANE E. NOLD SHRINER**
Telephone No. **317-262-1100** FAX No. _____
- 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 **JULY 16, 2007**

5 For calendar year _____, or other tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

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 THE ITEMS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b 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. \$ _____

c **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. \$ **N/A**

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. Schlicht* Title *CPA* Date *4-10-07*

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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

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

Type or print	Name BLUE & CO., LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 12800 N. MERIDIAN STREET
	City or town, province or state, and country (including postal or ZIP code) CARMEL, IN 46032