

Form **990**
 Department of the Treasury
 Internal Revenue Service

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)

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIANA SYMPHONY SOCIETY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 32 EAST WASHINGTON STREET NO 600 City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 462042919 F Name and address of principal officer JACQUELYN GROTH 32 EAST WASHINGTON STREET NO 600 INDIANAPOLIS, IN 462042919	D Employer identification number 35-0998627 E Telephone number (317) 262-1100 G Gross receipts \$ 26,988,735
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.INDIANAPOLISSYMPHONY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1937 M State of legal domicile IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO INSPIRE, ENTERTAIN, EDUCATE AND CHALLENGE THROUGH INNOVATIVE PROGRAMS AND SYMPHONIC MUSIC PERFORMED AT THE HIGHEST ARTISTIC LEVEL <hr/> <hr/> <hr/>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	66
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	65
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	476
	6 Total number of volunteers (estimate if necessary)	6	463
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	195,545
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-73,326
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	16,484,796	18,502,461
	9 Program service revenue (Part VIII, line 2g)	7,617,802	7,808,061
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330	37
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,970	381,589
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,621,898	26,692,148
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,774,586	14,668,306
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,526,097		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,317,849	10,569,983
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,092,435	25,238,289
	19 Revenue less expenses Subtract line 18 from line 12	-1,470,537	1,453,859
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,076,547	7,705,609
	21 Total liabilities (Part X, line 26)	19,931,067	20,106,270
	22 Net assets or fund balances Subtract line 21 from line 20	-13,854,520	-12,400,661

Part II Signature Block

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.

Sign Here	***** Signature of officer	2012-03-13 Date
	PRESIDENT VP FINANCE & STRATEGIC PLANNING Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ERIC JASKE Preparer's signature ERIC JASKE Date 2012-03-13 Check if self-employed <input type="checkbox"/>	PTIN Firm's EIN ▶ Phone no ▶ (317) 848-8920
Firm's name ▶ BLUE & CO LLC Firm's address ▶ 12800 N MERIDIAN ST SUITE 400 CARMEL, IN 46032		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
TO INSPIRE, ENTERTAIN, EDUCATE AND CHALLENGE THROUGH INNOVATIVE PROGRAMS AND SYMPHONIC MUSIC PERFORMED AT THE HIGHEST ARTISTIC LEVEL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 21,801,588 including grants of \$) (Revenue \$ 7,808,061)
THE INDIANAPOLIS SYMPHONY ORCHESTRA IS ONE OF ONLY 18 ORCHESTRAS IN THE COUNTRY THAT PERFORMS A YEAR-ROUND SCHEDULE OF MORE THAN 200 CONCERTS AND EDUCATION PROGRAMS THE INDIANAPOLIS SYMPHONY IS THE LARGEST PERFORMING ARTS ORGANIZATION IN THE STATE OF INDIANA, AS IT ATTRACTS AND RETAINS 87 OF THE MOST GIFTED ORCHESTRAL MUSICIANS IN THE UNITED STATES AND ENGAGES THE BEST CONDUCTORS AND SOLOISTS IN THE WORLD EACH SEASON, THE INDIANAPOLIS SYMPHONY PRESENTS A WIDE REPERTOIRE OF ORCHESTRAL MUSIC, INCLUDING COMMISSIONS OF NEW MUSIC, BOTH CLASSICAL AND POPS RECENT COMMISSIONS INCLUDE GABRIELA LENA FRANK'S PEREGRINOS, WHICH WAS THE CENTERPIECE OF A TWO-YEAR LONG OUTREACH PROJECT WITH THE HISPANIC COMMUNITY IN INDIANAPOLIS CONCERTS INCLUDE PROGRAMS OF CLASSICAL MUSIC, SYMPHONIC POPS PERFORMANCES, FAMILY ORIENTED PROGRAMS, HOLIDAY PROGRAMS, HAPPY HOUR AT THE SYMPHONY SERIES FOR YOUNG PROFESSIONALS, THE OUTDOOR SUMMER SERIES, AND MANY MORE THE INDIANAPOLIS SYMPHONY ORCHESTRA'S ANNUAL ATTENDANCE IS IN EXCESS OF 350,000 PATRONS EACH YEAR THE INDIANAPOLIS SYMPHONY ORCHESTRA IS DEDICATED TO LEADING THE FIELD IN MUSIC EDUCATION SYMPHONY MUSICIANS AND STAFF CREATE PIONEERING LEARNING OPPORTUNITIES FOR MORE THAN 80,000 PARTICIPANTS THROUGHOUT THE STATE THROUGH A VARIETY OF PROJECTS WHICH IMPACT STUDENTS AND ADULTS IN THE INDIANAPOLIS SYMPHONY ORCHESTRA'S LEARNING COMMUNITY THE ORIGINAL AND AWARD-WINNING ARTS EVERYDAY PROGRAM IS A FULLY INTEGRATED ARTS EDUCATION CURRICULUM ADDRESSING STATE STANDARDS IN NON-ARTISTIC SUBJECTS AND REACHES MORE THAN 2,300 ELEMENTARY STUDENTS EACH YEAR IN ADDITION, THE ISO PROMOTES A SERIES OF INNOVATIVE FAMILY CONCERTS AND SIDE-BY-SIDE CONCERTS AND PRESENTS A WIDE VARIETY OF WORKSHOPS AND RESOURCES IN SCHOOLS AND COMMUNITIES ACROSS CENTRAL INDIANA THE SYMPHONY ON THE MOVE PROGRAM SENDS CHAMBER ENSEMBLES TO PERFORM WHERE PEOPLE GATHER IN WORKPLACES, PUBLIC LIBRARIES, AND COMMUNITY CENTERS THE METROPOLITAN YOUTH ORCHESTRA IS ALSO PART OF THE INDIANAPOLIS SYMPHONY ORCHESTRA FAMILY AND CONTINUES TO CREATE FAMILY ENRICHMENT OPPORTUNITIES THROUGH MUSIC INSTRUCTION FOR DOZENS OF INNER-CITY YOUTH AND THEIR PARENTS EACH YEAR THE HISTORIC HILBERT CIRCLE THEATRE ON MONUMENT CIRCLE IN DOWNTOWN INDIANAPOLIS IS HOME TO THE INDIANAPOLIS SYMPHONY ORCHESTRA, AND THE ADJACENT SYMPHONY CENTRE OFFICE BUILDING IS OWNED AND OPERATED BY THE ORGANIZATION'S FOUNDATION OUTSIDE THE THEATRE, THE INDIANAPOLIS SYMPHONY ORCHESTRA CAN BE HEARD LIVE IN SEVERAL INDIANA COMMUNITIES AND AROUND THE WORLD THROUGH WWW INSTANTENCORE.COM, A SITE THAT OFFERS CONCERT RECORDINGS FOR DOWNLOAD ON COMPUTERS AND MP3 DEVICES AS A LEADING MEMBER OF THE ARTS COMMUNITY IN INDIANAPOLIS, THE INDIANAPOLIS SYMPHONY ORCHESTRA COLLABORATES ON A REGULAR BASIS WITH OTHER ARTS COMPANIES INCLUDING INDIANAPOLIS OPERA, DANCE KALEIDOSCOPE, THE INTERNATIONAL VIOLIN COMPETITION OF INDIANAPOLIS, AND AMERICAN PIANISTS ASSOCIATION

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 21,801,588

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 66		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 65		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> JACQUELYN GROTH 32 EAST WASHINGTON STREET NO 600 INDIANAPOLIS, IN 462042919 (317) 262-1882

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,148,445	0	150,714	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THREE SIXTY GROUP 36 SOUTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	DESIGN, PRINTING, AND ADVERTISING AGENCY	908,487
COMMUNITY COUNSELING SERVICES PO BOX 27462 NEW YORK, NY 10087	CONSULTANT	247,500
SECURITIAS SECURITY SERVICES PO BOX 403412 ATLANTA, GA 30384	SECURITY SERVICES	100,549

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	270,589				
	d Related organizations 1d	8,524,520				
	e Government grants (contributions) 1e	194,541				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	9,512,811				
	g Noncash contributions included in lines 1a-1f \$	334,200				
	h Total. Add lines 1a-1f	18,502,461				
	Program Service Revenue	2a <u>TICKET SALES & FEES</u>	900099	7,808,061	7,808,061	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		7,808,061				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		37		37	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	320,081			
		(ii) Personal				
		b Less rental expenses	16,358			
		c Rental income or (loss)	303,723			
	d Net rental income or (loss)		303,723		303,723	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 270,589 of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b		280,179			
	c Net income or (loss) from fundraising events		-122,442		-122,442	
9a Gross income from gaming activities See Part IV, line 19 a		1,000				
	b Less direct expenses b		50			
	c Net income or (loss) from gaming activities		950		950	
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
11a ADVERTISING INCOME	Miscellaneous Revenue	Business Code				
	b IT SERVICES INCOME	541800	190,545	190,545		
	c MISCELLANEOUS INCOME	541519	5,000	5,000		
	d All other revenue	900099	3,813	3,813		
	e Total. Add lines 11a-11d		199,358			
	12 Total revenue. See Instructions		26,692,148	7,811,874	195,545	182,268

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	514,769	187,568	327,201	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,581,256	10,265,556	558,582	757,118
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-242,764	-276,346	18,106	15,476
9	Other employee benefits	1,902,449	1,665,394	127,810	109,245
10	Payroll taxes	912,596	785,746	68,392	58,458
a	Fees for services (non-employees)				
	Management				
b	Legal	54,057	3,332	50,725	
c	Accounting	35,875		35,875	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	550,824	289,870	18,573	242,381
12	Advertising and promotion	991,881	991,881		
13	Office expenses	1,337,297	943,912	242,554	150,831
14	Information technology				
15	Royalties				
16	Occupancy	2,114,132	2,114,132		
17	Travel	36,208	10,362	21,196	4,650
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,549	1,087	9,567	1,895
20	Interest	138,601		138,601	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	547,663	487,574	60,089	
23	Insurance	133,417	18,343	115,074	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	GUEST ARTISTS	2,650,104	2,650,104		
b	GENERAL PRODUCTION	803,079	803,079		
c	CONCERT FRONT OF HOUSE	230,046	230,046		
d	MUSIC & INSTRUMENT RENT	194,877	194,877		
e	BAD DEBT EXPENSE	133,133		18,012	115,121
f	All other expenses	606,240	435,071	100,247	70,922
25	Total functional expenses. Add lines 1 through 24f	25,238,289	21,801,588	1,910,604	1,526,097
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	122,272	1	71,837
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,282,112	3	4,724,961
	4 Accounts receivable, net	724,693	4	365,728
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	9,180	5	5,584
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	550,809	9	423,788
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	14,315,573		
	b Less accumulated depreciation	12,232,279	2,360,541	10c 2,083,294
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,940	15	30,417
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,076,547	16	7,705,609	
Liabilities	17 Accounts payable and accrued expenses	1,381,815	17	1,506,464
	18 Grants payable		18	
	19 Deferred revenue	1,958,856	19	1,986,016
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,472,195	23	7,814,955
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	9,118,201	25	8,798,835
	26 Total liabilities. Add lines 17 through 25	19,931,067	26	20,106,270
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-17,842,551	27	-17,871,737
	28 Temporarily restricted net assets	3,988,031	28	5,471,076
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-13,854,520	33	-12,400,661	
34 Total liabilities and net assets/fund balances	6,076,547	34	7,705,609	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,692,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,238,289
3	Revenue less expenses Subtract line 2 from line 1	3	1,453,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13,854,520
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-12,400,661

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA SYMPHONY SOCIETY INC

Employer identification number

35-0998627

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,286,720	19,476,223	17,772,926	16,484,796	18,502,461	90,523,126
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18,286,720	19,476,223	17,772,926	16,484,796	18,502,461	90,523,126
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,387,112
6 Public Support. Subtract line 5 from line 4						86,136,014

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	18,286,720	19,476,223	17,772,926	16,484,796	18,502,461	90,523,126
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	463,096	428,849	388,970	302,110	320,118	1,903,143
9 Net income from unrelated business activities, whether or not the business is regularly carried on	245,225	266,332	266,075	213,741	195,545	1,186,918
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						93,613,187
12 Gross receipts from related activities, etc (See instructions)					12	24,894,379

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	92.010 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95.620 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization INDIANA SYMPHONY SOCIETY INC

Employer identification number 35-0998627

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	30,597,282	30,281,572	32,801,405		
b Contributions	220,278	5,335	197,000		
c Investment earnings or losses	1,471,211	522,745	-1,830,734		
d Grants or scholarships					
e Other expenditures for facilities and programs	347,599	212,370	886,099		
f Administrative expenses					
g End of year balance	31,941,172	30,597,282	30,281,572		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 000 %
- c** Term endowment ▶ 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,191,442	8,250,999	940,443
d Equipment		5,124,131	3,981,280	1,142,851
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,083,294

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,692,148
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,238,289
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,453,859
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,453,859

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	26,618,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-368,848
e	Add lines 2a through 2d	2e	-368,848
3	Subtract line 2e from line 1	3	26,987,405
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-295,257
c	Add lines 4a and 4b	4c	-295,257
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	26,692,148

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,164,698
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	295,257
e	Add lines 2a through 2d	2e	295,257
3	Subtract line 2e from line 1	3	24,869,441
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	368,848
c	Add lines 4a and 4b	4c	368,848
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	25,238,289

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT THE INDIANA SYMPHONY SOCIETY, INC
PART XII, LINE 2D - OTHER ADJUSTMENTS		SYMPHONIC POPS CONSORTIUM EXPENSES NETTED AGAINST REVENUE -329,235 HALL EXPENSE NETTED AGAINST REVENUE -39,613
PART XII, LINE 4B - OTHER ADJUSTMENTS		AFFINITY CARD REVENUE NETTED AGAINST EXPENSES 1,330 TENANT EXPENSES -16,358 FUNDRAISING & GAMING EXPENSES -280,229
PART XIII, LINE 2D - OTHER ADJUSTMENTS		TENANT EXPENSES 16,358 FUNDRAISING & GAMING EXPENSES 280,229 AFFINITY CARD REVENUE NETTED AGAINST EXPENSES -1,330
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SYMPHONIC POPS CONSORTIUM EXPENSES NETTED AGAINST REVENUE 329,235 HALL EXPENSE NETTED AGAINST REVENUE 39,613

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization INDIANA SYMPHONY SOCIETY INC

Employer identification number 35-0998627

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>MAESTRO OPEN</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	307,069	77,595	43,662	428,326
	2 Less Charitable contributions	169,133	60,370	41,086	270,589
	3 Gross income (line 1 minus line 2)	137,936	17,225	2,576	157,737
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	113,686	10,936	1,000	125,622
	8 Entertainment	86,174	400		86,574
	9 Other direct expenses	40,714	15,128	12,141	67,983
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				280,179
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-122,442	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue			1,000	1,000
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			50	50
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				50	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				950	

9 Enter the state(s) in which the organization operates gaming activities See Additional Data Table IN

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	0 %
b An outside facility	13b	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ADAM WHITE

Address ▶ 32 EAST WASHINGTON ST STE 600
INDIANAPOLIS, IN 46204

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ CAROL ANN ARNELL

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ ASSOCIATE DIRECTOR OF SPECIAL EVENTS

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA SYMPHONY SOCIETY INC

Employer identification number

35-0998627

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>		No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CROOKALL SIMON	(i)	205,486	0	8,664	6,098	19,888	240,136	0
	(ii)	0	0	0	0	0	0	0
(2) EVERLY JACK	(i)	187,568	0	0	3,379	10,801	201,748	0
	(ii)	0	0	0	0	0	0	0
(3) DEPUE ZACHARY	(i)	177,903	0	0	1,071	9,500	188,474	0
	(ii)	0	0	0	0	0	0	0
(4) SCHLABACH K BLAKE	(i)	154,363	0	0	3,131	25,733	183,227	0
	(ii)	0	0	0	0	0	0	0
(5) RAMSEY THOMAS	(i)	143,355	0	0	4,502	26,071	173,928	0
	(ii)	0	0	0	0	0	0	0
(6) QUINN QUENTIN	(i)	140,128	0	0	7,309	22,003	169,440	0
	(ii)	0	0	0	0	0	0	0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1B	SOCIAL CLUB DUES ARE REIMBURSED FOR SPECIFIC EMPLOYEES IN ORDER TO ASSIST IN DEVELOPMENT FUNCTIONS

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization INDIANA SYMPHONY SOCIETY INC

Employer identification number 35-0998627

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VARIOUS INDIVIDUALS			AS PART OF THE CONFLICT OF INTEREST PROCESS, BOARD MEMBERS AND MANAGEMENT EMPLOYEES ARE ASKED TO DISCLOSE ANY DIRECT BUSINESS RELATIONSHIPS THESE RELATIONSHIPS ARE REVIEWED TO ENSURE THAT ADEQUATE APPROVALS ARE SECURED FOR BUSINESS RELATIONSHIPS WITH THE ORGANIZATION, AND THAT BUSINESS RELATIONSHIPS BETWEEN BOARD MEMBERS DO NOT IMPACT THE GOVERNANCE STRUCTURE OF THE ORGANIZATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization INDIANA SYMPHONY SOCIETY INC

Employer identification number

35-0998627

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Books, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	A BROKERAGE FIRM IS USED TO SELL ALL STOCK THAT IS DONATED

Additional Data

Software ID:
Software Version:
EIN: 35-0998627
Name: INDIANA SYMPHONY SOCIETY INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ▶ (<u>SERVICES</u>)	X	1	15,954	COST
Other ▶ (<u>COMPUTERS</u>)	X	1	338	COST
TENT Other ▶ (<u>RENTAL</u>)	X	1	24,080	COST
INSTRUMENTS Other ▶ (<u>& REPAIRS</u>)	X	8	1,140	COST
Other ▶ (<u>GIFT CARDS</u>)	X	1	150	COST
HOTEL Other ▶ (<u>ROOMS</u>)	X	1	2,947	COST
Other ▶ (<u>PRINTING</u>)	X	3	38,000	COST
Other ▶ (<u>FLOWERS</u>)	X	1	15,845	COST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
INDIANA SYMPHONY SOCIETY INC

Employer identification number

35-0998627

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		AS PART OF THE CONFLICT OF INTEREST PROCESS, BOARD MEMBERS AND MANAGEMENT EMPLOYEES ARE ASKED TO DISCLOSE ANY DIRECT BUSINESS RELATIONSHIPS. THESE RELATIONSHIPS ARE REVIEWED TO ENSURE THAT ADEQUATE APPROVALS ARE SECURED FOR BUSINESS RELATIONSHIPS WITH THE ORGANIZATION, AND THAT BUSINESS RELATIONSHIPS BETWEEN BOARD MEMBERS DO NOT IMPACT THE GOVERNANCE STRUCTURE OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS REVIEWED BY THE AUDIT COMMITTEE A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL BOARD MEMBERS AND MANAGEMENT WITH SPENDING AUTHORITY IN ADDITION, EACH PERSON IS REQUIRED TO SIGN AND RETURN A FORM INDICATING THEY HAVE READ THE POLICY AND DISCLOSED ANY CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO AND DEPARTMENT HEADS ARE DETERMINED BY THE EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE, WHICH REPORTS TO THE BOARD OF THE INDIANAPOLIS SYMPHONY ORCHESTRA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA SYMPHONY SOCIETY INC

Employer identification number

35-0998627

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION INC 32 EAST WASHINGTON ST NO 600 INDIANAPOLIS, IN 462012919 35-1812636	FINANCIAL SUPPORT OF INDIANA SYMPHONY SOCIETY	IN	510(C)(3)	11C			No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Additional Data

Software ID:
Software Version:
EIN: 35-0998627
Name: INDIANA SYMPHONY SOCIETY INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALTEMEYER DON DIRECTOR	2 00	X						0	0	0
ANKER ROBERT A DIRECTOR	2 00	X						0	0	0
AZAR II THE HONORABLE ALEX M DIRECTOR	2 00	X						0	0	0
BALOGH DEBORAH WARE DIRECTOR	2 00	X						0	0	0
BARNETTE CHARLENE DIRECTOR	2 00	X						0	0	0
BASSETT DENNIS L DIRECTOR	2 00	X						0	0	0
BENTLEY BARRY J VICE CHAIR, MARKETING	2 00	X		X				0	0	0
BLACKBURN ALPHA DIRECTOR	2 00	X						0	0	0
BRATT JOHN A DIRECTOR	2 00	X						0	0	0
BROADBENT MARY CLARE DIRECTOR	2 00	X						0	0	0
CANNON JOHN DIRECTOR	2 00	X						0	0	0
CHEN MARGARET DIRECTOR	2 00	X						0	0	0
CRANFILL ANDREA DIRECTOR	2 00	X						0	0	0
CROOKALL SIMON PRESIDENT AND CEO	37 50	X		X				214,150	0	25,986
ECCLES MARGOT L DIRECTOR	2 00	X						0	0	0
GARCIA CHARLES J DIRECTOR	2 00	X						0	0	0
GIBBS JOHN R DIRECTOR	2 00	X						0	0	0
HARDMAN CAROLYN S DIRECTOR	2 00	X						0	0	0
HICKS PAM DIRECTOR	2 00	X						0	0	0
HILBERT TOMISUE DIRECTOR	2 00	X						0	0	0
HUNT ANN HAMPTON DIRECTOR	2 00	X						0	0	0
INGHAM LAURA DIRECTOR	2 00	X						0	0	0
JACQUIN PAUL J DIRECTOR	2 00	X						0	0	0
KASPAR ROBERT S IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
KELLEY WOODY DIRECTOR	2 00	X						0	0	0

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KITE JR ALVIN E DIRECTOR	2 00	X						0	0	0
KOCH KAY F DIRECTOR	2 00	X						0	0	0
LAMKIN MARTHA D DIRECTOR	2 00	X						0	0	0
LAWHEAD LAWRENCE E DIRECTOR	2 00	X						0	0	0
LECHLEITER SARAH L DIRECTOR	2 00	X						0	0	0
MANTERFIELD ERIC A SECRETARY	2 00	X		X				0	0	0
MARSH KELLY DIRECTOR	2 00	X						0	0	0
MAURER ILLENE K DIRECTOR	2 00	X						0	0	0
MCCAW BRUCE C DIRECTOR	2 00	X						0	0	0
MCKINNEY MARNI DIRECTOR	2 00	X						0	0	0
MCROBBIE MICHAEL A DIRECTOR	2 00	X						0	0	0
MIH MD ALEXANDER D DIRECTOR	2 00	X						0	0	0
MORGAN AGAPITO DIRECTOR	2 00	X						0	0	0
MORRIS JAMES T DIRECTOR	2 00	X						0	0	0
MUTZ JOHN M DIRECTOR	2 00	X						0	0	0
NYTES JACKIE DIRECTOR	2 00	X						0	0	0
OZDEMIR IZABELA DIRECTOR	2 00	X						0	0	0
PANTZER HOLLY M TREASURER	2 00	X		X				0	0	0
PASHOS KAY DIRECTOR	2 00	X						0	0	0
PHILPOTT J DANIEL DIRECTOR	2 00	X						0	0	0
POULTER LINDA DIRECTOR	2 00	X						0	0	0
RAAB MARCIA DIRECTOR	2 00	X						0	0	0
RENKENS MD KENNETH DIRECTOR	2 00	X						0	0	0
SCHLEGEL FRED E DIRECTOR	2 00	X						0	0	0
SCHLEHUBER THOMAS A VICE CHAIR, DEVELOPMENT	2 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCHLOSS ALICE K DIRECTOR	2 00	X						0	0	0
SHAHEEN YVONNE H DIRECTOR	2 00	X						0	0	0
SKILES RICHARD R DIRECTOR	2 00	X						0	0	0
SLAPAK CHRISTOPHER A DIRECTOR	2 00	X						0	0	0
STANFORD ALAN C DIRECTOR	2 00	X						0	0	0
STEICHEN MD JAMES B DIRECTOR	2 00	X						0	0	0
TABLER DAWN C DIRECTOR	2 00	X						0	0	0
TAYLOR KEVIN D DIRECTOR	2 00	X						0	0	0
THORNBURGH JOHN R CHAIR	2 00	X		X				0	0	0
TOBIAS MARIANNE WILLIAMS DIRECTOR	2 00	X						0	0	0
WARD PETE DIRECTOR	2 00	X						0	0	0
WILCOX PE DAVID E DIRECTOR	2 00	X						0	0	0
WILHELM RALPH V DIRECTOR	2 00	X						0	0	0
WOOD RICHARD D DIRECTOR	2 00	X						0	0	0
YATES C DANIEL DIRECTOR	2 00	X						0	0	0
ZINK WAYNE P DIRECTOR	2 00	X						0	0	0
EVERLY JACK POPS CONDUCTOR	37 50				X			187,568	0	14,180
DEPUE ZACHARY CONCERTMASTER	37 50					X		177,903	0	10,571
SCHLABACH K BLAKE ORCHESTRA PERSONEL MANAGER/MUSICIAN	37 50					X		154,363	0	28,864
RAMSEY THOMAS VP OF OPERATIONS/GENERAL MANAGER	37 50					X		143,355	0	30,573
QUINN QUENTIN STAGE MANAGER	37 50					X		140,128	0	29,312
DUNLAVY SEAN VP OF DEVELOPMENT	37 50					X		130,978	0	11,228