# Form **990**

# **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

Department of the Treasury Internal Revenue Service

A F	or th	ne 201	calendar year, or tax year beginning 07/01, 2011,	and en	ding		06/30,2	<b>0</b> 12	
			C Name of organization			D Employer ide	entification nur	nber	
B	heck if a	ppticable:	FORT WAYNE PHILHARMONIC ORCHESTRA, INC.			35-0791	1163		
	Addr		Doing Business As						
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telephone nu	ımber		
	Initia	ıl return	4901 FULLER DRIVE			(260) 483	1-0770		
	Term	ninated	City or town, state or country, and ZIP + 4						
F	Ame		FORT WAYNE, IN 46835			G Gross receipt	s \$ 9	,580,1	19.
	Appli	ication	F Name and address of principal officer: J.L. NAVE III			H(a) Is this a grou		<del></del>	No
_	pend	""y	4901 FULLER DRIVE FORT WAYNE, IN 46835			affiliates?  H(b) Are all affiliat	tes included?	Yes	No
ī	Tax-ex	empt sta		or .	527	· ' '	h a list. (see instru	سبسا اس	
			WWW.FWPHIL.ORG	<u> </u>	<u> </u>	H(c) Group exemp			
			zation: X Corporation Trust Association Other	I. As	ar of format	tion: 1944 M			IN
	rt I		nmary	12.10	a or lorma	1011. 1311 III	otate of legal d	omicae.	
LLE	1		describe the organization's mission or most significant activities:						
	'	ਾ∩ ਸ	OSTER AND INSPIRE A LIFELONG LOVE OF CLASSICA	T. MIIS	TC THR	OUGH			
S			OSTER AND INSTITUTE A BITEBOOK BOVE OF CHASSION.		10 1111				
Governance		LENE	ONMANCE AND EDUCATION.						
ver	_								
ဖိ	2		this box if the organization discontinued its operations or dispose				1		39.
ණ ගු	3		er of voting members of the governing body (Part VI, line 1a)				3		<del>35.</del> 36.
₩	4		er of independent voting members of the governing body (Part VI, line 1b)				5		28.
Activities	5		number of individuals employed in calendar year 2011 (Part V, line 2a)						50.
Ā	6		number of volunteers (estimate if necessary)				6		<del>50.</del>
			nrelated business revenue from Part VIII, column (C), line 12				7a		<u> </u>
	. D	Net un	related business taxable income from Form 990-T, line 34		<del></del>		7b		<u> </u>
		_				Prior Year		rent Year	
ne	8		outions and grants (Part VIII, line 1h)			3,452,17		, 355, 6	
Revenue	9		m service revenue (Part VIII, line 2g)			1,058,10		,110,5	
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			821,19		521,2	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			26,91		-27,3	
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			5,358,38	8. 4	,960,0	49.
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)				0		0
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)				0		0
S	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			2,919,20	3. 3	,082,0	71.
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0		0
×	b		undraising expenses (Part IX, column (D), line 25) ▶184,388		_ 3.5 <u>.6</u>		801 8 000 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		2
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		L	1,610,07	1. 1	,680,6	54.
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,529,27	4. 4	,762,7	25.
	19	Reven	ue less expenses. Subtract line 18 from line 12			829,11	4.	197,3	24.
ro S					Begin	ning of Current Y	ear En	of Year	
Net Assets Fund Balanc	20	Total a	ssets (Part X, line 16)			12,644,13	0. 12	,855,65	55.
Ass	21		abilities (Part X, line 26)			1,952,68	8. 1	,937,42	25.
Per	22		sets or fund balances. Subtract line 21 from line 20			10,691,44	2. 10	,918,23	30.
	rt II	Sig	nature Block						
Un	der pei		perjury, I declare that I have examined this return, including accompanying schedules a				nowledge and b	elief, it is tn	Je,
cor	rect, a	nd comp	lete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has	any knowle	edge.	<del></del>		
Sig	ın		Signature of officer			Date			—
He	re		·						
		🕨 :	Type or print name and title	<del></del>		······································			—
			ype preparer's name Preparer's signature	Date		Check	if PTIN		—
Paid	ı		CLA M. FIDLER Charles The	5/2	112	Check self-employe	"	254538	
Pre	parer		Clariff Control of the Control of th	1710	112		-   FUI	~J4JJ0	—
Use	Only	Firm's				Firm's EIN	260. 460	4000	
N 4	·		address 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802			Phone no.	260-460-		
ivia	, me i	KO GISO	cuss this return with the preparer shown above? (see instructions)			<del></del>	X Y	es	No

For Paperwork Reduction Act Notice, see the separate instructions.

	Briefly describe the organization's mission:
	ATTACHMENT 1
ı	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoung grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
	THE FORT WAYNE PHILHARMONIC ORCHESTRA IS A CIVIC NOT-FOR-PROFIT
	ORGANÍZATION. THEIR PRIMARY FUNCTION IS TO PROVIDE MUSICAL
	ENTERTAINMENT AND EDUCATION FOR THE COMMUNITY. THEIR CONCERT SEASON IS APPROXIMATELY 39 WEEKS LONG. CONCERTS SERVED
	APPROXIMATELY 42,000 INDIVIDUALS AND EDUCATIONAL PROGRAMS SERVED
	APPROXIMATELY 34,000 INDIVIDUALS.
-	
h i	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
•	/(Lifether Total of Table 1)
•	
•	
-	
-	
-	
-	
•	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)
C (	
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	Other program services (Describe in Schedule O.)
d .	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 4,162,590.

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Par	t IV Checklist of Required Schedules		,	1
			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	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l "
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		^
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,	_		Х
^	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
_	"Yes," complete Schedule D, Part I	6	ļ	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
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,"			Х
	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	Х	
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	6, 55,
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.			لسسنه
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	110	Х	
L	Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		71
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	11c		Х
لم م	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
120	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
h	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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)	17		Х
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	18	х	
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	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		Х
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	3.75.75	A
28		2010	00000 E	60000000000000000000000000000000000000
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	a Right
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
U	Schedule L. Part IV	28b		Х
С		200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Χ	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
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? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	X	
		Form	990	(2011)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	일 : ;		
	Enter the number of Forms 44-20 included in the Fa. Enter-0- in not applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Shart.	15.3	1. 150
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		F 12	
	Statements, filed for the calendar year ending with or within the year covered by this return . 228	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	No.	190	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b></b> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	100		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			102
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
7	gifts were not tax deductible?	6b	0.543.91	7671
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ŝ	
а	and services provided to the payor?	7a	X	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	33.5	gar serie Space	3623
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	30.75		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	16.7	3	
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		** C	A CA
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		18 3 A	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-T: +-11-1-4	TI AT P
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		建語	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			175
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	20	3	
b	Enter the amount of reserves the organization is required to maintain by the states in which			3. 3
	the organization is licensed to issue qualified health plans		964	
	Enter the amount of reserves on hand	1227	5.3.7	*13245
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	,	

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

Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year. If there are . . material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 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? . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Χ 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 . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"

#### 12c Х 13 13 Did the organization have a written whistleblower policy?.... Χ 14 Did the organization have a written document retention and destruction policy?...... 14 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? Х 15a Χ 15b 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 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶\_ INDIANA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶<sub>J,L</sub>, NAVE 111 4901 FULLER DRIVE FORT WAYNE, IN 46835 260-481-0770

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unie er an	Pos heck ss pe	erson	e than tor/trus  Highest compensated employee	an tee)	(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
(1) JANELLYN BORDEN						u		1		
BOARD MEMBER	1.00	Х						0	0	0
(2) MICHAEL CHRISTMAN										
BOARD MEMBER	1.00	Х	<u> </u>		<u></u>			0	0	0
(3) MELISSA SCHENKEL										
BOARD MEMBER	1.00	X		ļ	ļ	<u> </u>	<u> </u>	0	0	0
(4) MADELANE ELSTON	1 00	١,,								
BOARD MEMBER	1.00	Х	<u> </u>		-			0	0	0
(5) JUNE E. ENOCH BOARD MEMBER	1.00	X						0	0	0
(6) DENNIS L. FICK	1.00						-		0	
BOARD MEMBER & MUSICIAN	40.00	x					Ì	30,710.	0	3,998.
(7) RHONDA KACHMANN										
BOARD MEMBER	1.00	Х						0	0	0
(8) ELEANOR MARINE										
BOARD MEMBER	1.00	X						0	0	0
(9) JUDY PURSLEY										
BOARD VICE CHAIRMAN	1.00	X	ļ	X		ļ	ļ	0	0	0
(10) NANCY P. STEWART										_
BOARD MEMBER	1.00	X	-					0	0	0
(11) RYAN STONEBURNER BOARD MEMBER	1.00	X						0	0	0
(12) MICHAEL A. WARTELL	1.00	Α.	-	-				0	0	U
BOARD MEMBER	1.00	x						0	0	0
(13) DAVID WEIDMAYER	1	<del></del>	<del>                                     </del>	ļ	<u> </u>	<u> </u>	$\vdash$	Ĭ		<del></del>
BOARD MEMBER	1.00	Х						0	0	0
(14) ALFRED J. ZACHER										
BOARD MEMBER	1.00	Х	<u> </u>			<u> </u>		0	0	0

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ple	oye	es,	and l	Hig	hest Compensat	ed Emplo	yees (d	continued)
(A) Name and title	(B) Average hours per week (describe	box.	unie er an	Pos heck ss pe	erson direct	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Report compensati relate organiza	able ion from ed	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
15) AMY J. BEATTY			ļ	-							
BOARD MEMBER 16) KEITH DAVIS	1.00	X	ļ	ļ	ļ	<u> </u>	ļ	, 0		0	(
BOARD MEMBER	1.00	Х						0		0	(
17) LYMAN R. LEWIS											
BOARD MEMBER	1.00	Х			ļ_			0		0	(
18) CAROL LINDQUIST, ED.D.  BOARD VICE CHAIR	1.00	X		X						0	(
19) TIMOTHY MILLER	1.00	<u> </u>		┢							
BOARD TREASURER	1.00	X		Х				0		0	(
20) GREG MYERS											
BOARD CHAIRMAN	1.00	X		Х				0		0	(
21) KARLEE M. SCHULTZ	1 00										,
BOARD MEMBER 22) ANNE LEWELLEN	1.00	X						0		Ų	
BOARD MEMBER & MUSICIAN	40.00	X						30,559.		o	1,997.
23) KAREN ALLINA		1		<b></b>							
BOARD MEMBER	1.00	Х						0		0	
24) JEFF BLADE		l									
BOARD MEMBER 25) ANN BOBILYA	1.00	X	_	-				0		0	(
BOARD MEMBER	1.00	х						0		0	(
1b Sub-total			L		L	L	▶	30,710.		0	3,998.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	144,457.		0	5,185.
d Total (add lines 1b and 1c)							<u> </u>	175,167.		0	9,183.
Total number of individuals (including but not reportable compensation from the organization)      Did the organization list any former officers.	n <b>▶</b>	1	L							<del></del>	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.	ule J for su	ch ind	ivid	ual			٠.				3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 	60,0 	00?	. If	"Yes	s," (	complete Schedul	le J for	such • • •	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	oo, comple	001	iouu	J	101	Sucil	per	5011			1 3   A
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensation
ATTACHMENT 2							-				
							$\perp$		······································		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite		thos	e li	sted above) who	received		
JSA 1E1055 2.000											Form <b>990</b> (2011

Page 8

P	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	oye	es,	and l	Hig	hest Compensat	ed Employees (	continued)
	(A) Name and title	(B) Average hours per week (describe	box,	unle	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26	) SARAH BODNER BOARD MEMBER	1.00	Х						0	C	(
27	) VICKI CHURCHWARD BOARD MEMBER	1.00	Х						. 0	C	(
28	) KEITH GILLENWATER BOARD MEMBER	1.00	Х						0	·	(
29	) MARK HUNTINGTON BOARD MEMBER	1.00	Х						0	C	(
30	DAVID MAYNE BOARD MEMBER	1.00	Х						0		)
	) JILL M. NUSSEL BOARD MEMBER	1.00	Х						0	C	)
	DOUGLAS PERRY BOARD MEMBER	1.00	Х						0	C	(
	BOARD MEMBER	1.00	Х						0	0	(
	) FAYE ROBBINS  BOARD MEMBER ) JEFF SEBEIKA	1.00	Х						0	0	(
	BOARD MEMBER PHILIP SMITH	1.00	Х					· -	0	Q	(
	BOARD MEMBER  Sub-total	1.00	Х						0	0	(
(	: Total from continuation sheets to Part VII, So I Total (add lines 1b and 1c)	•						<b>*</b>			
2	Total number of individuals (including but not reportable compensation from the organization		hose 1	liste L	d al	bov	e) wh	o re	ceived more than	\$100,000 of	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the	ule J for suc	ch ind	ivid	ual	- •					Yes No
5	organization and related organizations greindividual	eater than	\$15 	0,0 • •	00? • •		"Yes	s," (	complete Schedu	le J for such	4 X
Se	for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Sch	edu	ıle J	for	such	per	son		5 X
1	Complete this table for your five highest com compensation from the organization. Report c year.										
	(A) Name and business add	lress							(B) Description of se	rvices (	(C) Compensation
								+			
								+			
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos	se li	isted above) who	received	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and	Hig	hest Compensat	ed Emplo	yees (	continued)
` (A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	erson	e than o	an tee)	(D)  Reportable compensation from the	Report compensations relations	table tion from ed	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	from the organization and related organizations
37) JAN WILHELM BOARD SECRETARY	1 00	V		v				0			
38) DARYL YOST BOARD MEMBER	1.00			Х				0		0	
39) GREG MARCUS  BOARD MEMBER & MUSICIAN	15.00	х						9,234.		0	51
40) JL NAVE III PRESIDENT & CEO	40.00			Х				104,664.		0	3,137
									i		
Sub-total     C Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)     Total number of individuals (including but not reportable compensation from the organization	ection A	 <u></u>		· · ·	 	 	► ► o re	ceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo										Yes No.
<ul> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> <li>Did any person listed on line 1a receive or</li> </ul>	eater than	\$15  mpen:	0,00  satio	00?  on f	If  from	"Yes · · · · any	;" ( · · uni	complete Schedul related organization	le <i>J for</i>  on or indiv	such  ridual	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	te Sch	edu	le J	for	such	per	son	· · · · · ·		5 X
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>	pensated in ompensation	ndepe on for	nde the	ent o cal	conf	racto lar ye	rs t ar e	hat received more inding with or with	than \$10 in the org	0,000 o anizatio	f n's tax
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compensation
		· · · · · · · · · · · · · · · · · · ·									· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	d to	thos	e li	sted above) who	received		

4 Income from investment of tax-exempt bond proceeds  6 Royalties  (i) Real  (ii) Personal  6 Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 Gross amount from sales of assets other than inventory  b Less: cost or other basis  and sales expenses  (ii) Securities  (ii) Other  4,706,384.  4,581,867.  124,517.  1 Net gain or (loss)  6 Gross income from fundraising  events (not including \$ 11,256.  of contributions reported on line 1c).  See Part IV, line 18  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities.  Po Net income or (loss) from sales of inventory.  D O O O O O O O O O O O O O O O O O O					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
g Noncesh contributions included in lines 1s-11 \$	1a F	ederated campaigns	1a					
g Noncesh contributions included in lines 1s-11 \$	b N	Membership dues	1b					
g Noncesh contributions included in lines 1s-11 \$	c F	undraising events	1c	11,256.	] • "			
g Noncesh contributions included in lines 1s-11 \$		-						7
g Noncesh contributions included in lines 1s-11 \$		•	1 . 1					
g Noncesh contributions included in lines 1s-11 \$		• ,						12.00
g Noncesh contributions included in lines 1s-11 \$	į.		·	3 344 360				
Total Add lines 1a-11	ì							
2a					2 255 616		111/201	
2a   CONCERT REVENUE	- " - "	Total. Add lines Ta-11		1				
b c d d e f All other program service revenue		ANGROD DEVENUE			1		- Carles Carles	
Total Add lines 2a-2f	2a ⊆	ONCERT REVENUE		/11130	1,110,569.	1,110,569.		
3 Investment income (including dividends, interest, and other similar amounts).	b _			-				
Total Add lines 2a-2f	c _			··				
3 Total Add lines 2a-2f	d _							
Total Add lines 2a-2f	е_							
3 Investment income (including dividends, interest, and other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  4 , 581, 867.  c Gain or (loss)  4							***	
other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real  (ii) Personal  (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  4 Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  4 , 206, 384  (ii) Other  4 , 706, 384  (iii) Other  4 , 706, 384  (iv) Securities  (iv) Securities  4 , 706, 384  ATCH 3  6 TCH 4  7 T, 388  7 T, 388	дт	Total. Add lines 2a-2f	· · · · · · · · · · · ·	<u> </u>	1,110,569.	\$ *** * * * * * * * * * * * * * * * * *		
A Income from investment of tax-exempt bond proceeds Royalities  (i) Real (ii) Personal  (ii) Personal  (iii) Cherical (iii) Cherical  (iii) C	3 lr	nvestment income (includin	g dividends, inter	est, and				
5	0	other similar amounts)			396,735.			396,7
(i) Real (ii) Personal  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses d Net gain or (loss) 124,517.  c Gain or (loss) 124,517.  d Net gain or (loss) 124,517.  8a Gross income from fundraising events (not including \$ 11,256. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold b Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11a b C d All other revenue e Total. Add lines 11a-11d	4 lr	ncome from investment of t	ax-exempt bond p	proceeds ►	0			
Ba   Cross rents   Cross   Cross rental expenses   Cross rental income or (loss)   Cross   Cross amount from sales of assets other than inventory   Cross are sales of the sasets and sales expenses   4,581,867   Cross	5 R	Royalties • • • • • • ;			0			
b Less: rental expenses			(i) Real	(ii) Personal				
b Less: rental expenses	6a G	Gross rents						
C Rental income or (loss)								
d Net rental income or (loss)	ļ.	·			]			
Ta Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses					0			
assets other than inventory b Less: cost or other basis and sales expenses								
b Less: cost or other basis     and sales expenses	1		4.706.384					
and sales expenses	ì	·	7.007.001.					
C Gain or (loss)			4 501 067			All the state of t		
d Net gain or (loss)		•		<del> </del>				
8a Gross income from fundraising events (not including \$ 11,256. of contributions reported on line 1c). See Part IV, line 18							***************************************	and the state of t
events (not including \$ 11,256.   of contributions reported on line 1c).  See Part IV, line 18		• , ,		· · · · · · · · · · · · · · · · · · ·	124,517.			124,5
of contributions reported on line 1c).  See Part IV, line 18	į.		•	AMCII 2	8			
See Part IV, line 18	е	events (not including \$	11,256.	ATCH 3				<b>4</b> 3,
b Less: direct expenses		•	•					
C Net income or (loss) from fundraising events ATCH . 4 . ▶ -27,388.  -27,3	l				a distribution of the second			
9a Gross income from gaming activities. See Part IV, line 19					TOTAL TOTAL STREET			
See Part IV, line 19	C N	let income or (loss) from fur	ndraising events .	ATCH .4 . ▶	-27,388.			-27,3
b Less: direct expenses	9a G	Gross income from gaming a	ctivities.					
b Less direct expenses b c Net income or (loss) from gaming activities > 0  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 > 0  Miscellaneous Revenue Business Code  11a	s	See Part IV, line 19	а					100000
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances					0			
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 0  Miscellaneous Revenue Business Code  11a b c d All other revenue > 0  Total. Add lines 11a-11d > 0			-			77 M		
b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 0  Miscellaneous Revenue Business Code  11a b c c d All other revenue								
C Net income or (loss) from sales of inventory ▶ 0    Miscellaneous Revenue	ŀ				T-			1. 1 a
Miscellaneous Revenue         Business Code           11a         b           c         d           d All other revenue					0			
11a							H. M. C. G. L. S. C. L.	area a
b	110				January Britania de la Carta d	- 70	ALBERT AND	
c				<u> </u>				
c								
e Total. Add lines 11a-11d · · · · · · · · · · · 0								
C Total Add mics Tis-Tid				L		(*** 10gg, 340, 360, 15 as as as 7.	, v k ji gaaa aaba k k kiisii il	AUSTRUCT FEE
	e T	otal. Add lines 11a-11d		▶	0	17、11、26年度5月11日	MERCHAN	The state of the s

## 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).

(B) Program service Do not include amounts reported on lines 6b. (A) Total expenses (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. 0 Grants and other assistance to individuals in the United States. See Part IV, line 22. . . . . 0 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 0 Benefits paid to or for members . . . . . . . . . 0 ်ရှိကို (8) အရန်ပြုတို့ ကြို့မြို့ရှိသည်။ မြို့ပြုသည်။ မြေ (၂၈) သည်။ မြို့သည်။ မြို့မြို့ရှိသည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက် Compensation of current officers, directors, trustees, and key employees . . . . . . . . . 107,801. 96,811 5,227 5,763. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,407,535. 2,162,103. 116,726. 128,706. Other salaries and wages . . . . . . . . . . . . . Pension plan accruals and contributions (include section 83,521. 83,521 401(k) and 403(b) employer contributions) . . . . .  $7,1\overline{10}$ . 197,104. 214,348. 10,134. 268,866. 233,620. 21,443. 13,803. 10 Fees for services (non-employees): a Management 0 29,253. 29,253. e Professional fundraising services. See Part IV, line 17 63,569. 63,569. 383,121. 363,615. 19,506 13,653. 254,198. 240,301. 244. Advertising and promotion . . . . . 40,997. 8,759. 32,238 Office expenses . . . . . . . . 13 43,660. 33,628. 10,032 14 Information technology . . . . . . 15,011. 15,011. 227,064. 211,284. 11,856. 3,924. 16 104,981. 99,761. 1,032. 4,188. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,692. 9,692 Conferences, conventions, and meetings . . . . 19 33,024. 33,024. Payments to affiliates . . . . . . . 23,823. 23,823. 22 Depreciation, depletion, and amortization . . . . 35,123. 26,747. 8,376 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If 200 line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O.) 233,660 173,823. 55,620 a MISCELLANEOUS 4,217 b MUSIC RENTAL & PURCHASE 27,058. 27,058. 94,300. 94,300. c SOUNDS & LIGHTS 62,120. 62,120. d PROGRAM BOOK PRINTING e All other expenses \_\_\_\_ 4,762,725. 4,162,590. 415,747. 184,388. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . . . .

JSA 1E1052 1.000

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			1,202.	1	1,136.			
	2	Savings and temporary cash investments			1,539,682.	2	1,098,317.			
	3	Pledges and grants receivable, net			753,582.	3	689,745.			
	4	Accounts receivable, net	69,801.	4	49,598.					
	5	Receivables from current and former officers,	00 40 1 1 1 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2							
		employees, and highest compensated employe	es.	Complete Part II of		3 000	00 to 00 t			
v	6	4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se employees' beneficiary organizations (see instruct	Schedule L.  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)							
Assets	7	Notes and loans receivable, net			С	7	0			
As	8	Inventories for sale or use			C	8	0			
	9	Prepaid expenses and deferred charges		,	185,323.		213,661.			
	10a	Land, buildings, and equipment: cost or			19 10 10 10 10 10 10 10 10 10 10 10 10 10		e a cu			
		other basis. Complete Part VI of Schedule D	10a	586,390.		0, 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	b	Less: accumulated depreciation	10b	469,022.	76,989.					
	11	Investments - publicly traded securities								
	12	Investments - other securities. See Part IV, line 11				12				
	13	Investments - program-related. See Part IV, line 11	50,944.		<del></del>					
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			23,165.					
	16	Total assets. Add lines 1 through 15 (must equal					12,855,655.			
	17	Accounts payable and accrued expenses			187,199.		275,867.			
	18	Grants payable				18	761,558.			
	19	Deferred revenue			630,489.	<del>                                     </del>	761,336.			
	20	Tax-exempt bond liabilities			<u> </u>	20	0			
Liabilities	21	Escrow or custodial account liability. Complete			Garage Control (See Street	21	U State of the Control of the Contro			
ij	22	Payables to current and former officers,	20 T							
<u> </u>		employees, highest compensated employees, a								
		Complete Part II of Schedule L			1,135,000.	22	<del></del>			
	23 24	Secured mortgages and notes payable to unrelate				23	900,000.			
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	0			
	25	parties, and other liabilities not included on lines								
					0	25	_			
	26	Total liabilities. Add lines 17 through 25		• • • • • • • • • • • •						
	20	Organizations that follow SFAS 117, check here		X and complete	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20				
<del>မို</del>	27	lines 27 through 29, and lines 33 and 34.			8,264,480.		1			
<u>a</u>	27 28	Unrestricted net assets				27	8,557,183.			
ä	20 29	Temporarily restricted net assets		• • • • • • • • • • •	1,306,803. 1,120,159.	28	1,218,488.			
Ë	23	Organizations that do not follow SFAS 117, che			1,120,133.	25	1,142,559.			
Net Assets or Fund Balances		complete lines 30 through 34.	7	1	100 00 00 00 00 00 00 00 00 00 00 00 00					
əte	30	Capital stock or trust principal, or current funds .				30				
SS(	31	Paid-in or capital surplus, or land, building, or equ				31				
ٿ ک	32	Retained earnings, endowment, accumulated inco				32				
Ž	33	Total net assets or fund balances			10,691,442.	33	10,918,230.			
	34	Total liabilities and net assets/fund balances		<u> </u>	12,644,130.	34	12,855,655.			

For	n 990 (2011)	Page 1
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	x
1	Total revenue (must equal Part VIII, column (A), line 12)	4,960,049
2	Total expenses (must equal Part IX, column (A), line 25)	4,762,725.
3	Revenue less expenses. Subtract line 2 from line 1	197,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10,691,442.
5	Other changes in net assets or fund balances (explain in Schedule O)	29,464
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	
•	column (B))	10,918,230.
Pa	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: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
b	Were the organization's financial statements audited by an independent accountant?	2b X
С	If "Yes" to line 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?	2c   X
	If the organization changed either its oversight process or selection process during the tax year, explain in	J. 18 1. 18 (Mar.) 18 (M
	Schedule O.	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	and a second sec
	issued on a separate basis, consolidated basis, or both:	
	X Separate basis Consolidated basis Both consolidated and separate basis	6 00 00 00 00 00 00 00 00 00 00 00 00 00
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?	3a X
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	3b
		Form <b>990</b> (2011

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

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2011
Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Employer identification number Name of the organization 35-0791163 FORT WAYNE PHILHARMONIC ORCHESTRA, INC. 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 X An organization that normally receives: (1) more than 331/3 % 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 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). 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (iv) is the organization in col. (i) listed in (vii) Amount of (i) Name of supported (v) Did you notify (vi) Is the (described on lines 1-9 organization in the organization support organization above or IRC section in col. (i) of col. (i) organized (see instructions)) your support? document? Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

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

	(Complete only if you chec Part III. If the organization t						alify under
Sec	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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			entral transfer to the co	Administration of the control	24 Sept 7 8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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)						
6	Public support. Subtract line 5 from line 4.	4.		医胸膜切除 医二十二			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	,					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						<b>.</b>
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	**************************************	Section (Control Control	and the second			
11	Total support. Add lines 7 through 10	Signature of the second	<u> </u>	<u> 2280 Y. Ostročal</u>	- <del></del>		
12	Gross receipts from related activities, etc. (	see instructions) .				12	·
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2011 (li	ine 6, column (f	) divided by line	11, column (f))		14	%
15	Public support percentage from 2010	Schedule A, Pa	art II, line 14			15	%
16a	Sa 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check						
	this box and stop here. The organizati	on qualifies as a	publicly suppo	rted organizatio	n		▶ 🔲
b	331/3% support test - 2010. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part IV how the organization meets organization			•	•		—
b	10%-facts-and-circumstances test						
_	15 is 10% or more, and if the organic		-				
	Explain in Part IV how the organization						
18	supported organization Private foundation. If the organization						► □
	instructions	<u> </u>	<u></u>	<u> </u>			▶ 🔲

Page 3

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.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		,	· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received. (Do not include any "unusual grants.")	2,434,328.	3,532,689.	3,385,459.	3,433,308.	3,355,116.	16,140,900.
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	1,259,277.	1,316,271.	1,249,296.	1,085,024.	1,110,569.	6,020,437.
3	Gross receipts from activities that are not an			1/2/3/2201	1700370271	1,110,5051	0,020,1311
_	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	3,693,605.	4,848,960.	4 624 755	4 510 222	4 465 605	22 161 227
		3, 693, 603.	4,040,960.	4,634,755.	4,518,332.	4,465,685.	22,161,337.
, a	Amounts included on lines 1, 2, and 3 received from disqualified persons	41 000	152.560	100 500	60.050	42.026	420 127
b	Amounts included on lines 2 and 3	41,000.	153,568.	122,593.	60,050.	42,926.	420,137.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	41,000.	152.560	100 500	40.050	10.000	
8 8	Add lines 7a and 7b Public support (Subtract line 7c from	41,000.	153,568.	122,593.	60,050.	42,926.	420,137.
0	•	The state of the s	1				01 7.1 000
500	tion B. Total Support	9 1 22/315 155 0156 17 00 0 5	**************************************	1 45 5 1 5 5 P. P. B. P. B. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contract of the second	1920 9010-00 001-0	21,741,200.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,693,605.	4,848,960.		4,518,332.		
	Gross income from interest, dividends,	3,093,003.	4,040,900.	4,634,755.	4,310,332.	4,465,685.	22,161,337.
	payments received on securities loans,						
	rents, royalties and income from similar	206 620	010 706	100 200	260 426	206 725	1 450 000
<b>h</b>	Unrelated business taxable income (less	396,638.	212,706.	193,368.	260,436.	396,735.	1,459,883.
ь	•						
	section 511 taxes) from businesses	,					
_	acquired after June 30, 1975	200					
	Add lines 10a and 10b	396,638.	212,706.	193,368.	260,436.	396,735.	1,459,883.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						<del></del>
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.)	4,090,243.	5,061,666.		4,778,768.		23,621,220.
14	First five years. If the Form 990 is for						. 🖂
	organization, check this box and stop here			<u> </u>		<u> </u>	
	tion C. Computation of Public Sur					. 1	00.04.04
15	Public support percentage for 2011 (line 8					15	92.04%
16	Public support percentage from 2010 Scho					16	90.47%
Sec	tion D. Computation of Investme					1	6.20
17	Investment income percentage for 2011 (li		-			17	6.18%
18	Investment income percentage from 2010					18	6.83%
19a	331/3% support tests - 2011. If the or						
	17 is not more than 331/3%, check the	nis box and stop	here. The orga	anization qualifies	s as a publicly	supported organia	zation ► <u>X</u>
b	331/3% support tests - 2010. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check		-	=	, -	* * * * * * * * * * * * * * * * * * * *	. —
20	Private foundation. If the organization	did not check	a box on line :	14 19a or 19b	check this bo	x and see instri	ictions >

Part IV 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).

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
FORT WAYNE PHILHARN	ONIC ORCHESTRA, INC.	
Organization type (shock o	201	35-0791163
Organization type (check or	ie).	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the y	year, \$5,000 or more (in money or
property) from an Special Rules	y one contributor. Complete Parts I and II.	
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contribu \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1 and II.	itor, during the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that restal contributions of more than \$1,000 for use exclusively for relignoses, or the prevention of cruelty to children or animals. Compl	gious, charitable, scientific, literary,
during the year, content to tall to more to tall to more to the second of the second o	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reportributions for use exclusively for religious, charitable, etc., purphan \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable par	poses, but these contributions did ions that were received during the the parts unless the <b>General Rule</b> e, etc., contributions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules d ust answer "No" on Part IV, line 2, of its Form 990, or check the D-PF, to certify that it does not meet the filing requirements of Sc	e box on line H of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 35-0791163

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$50,250.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-		\$10,626.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$21,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	10101001101100110	Type of contribution
4 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II if there is
(a)	(b)	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	\$5,000.  (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$17,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$14,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(-1)
Νο.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4	\$10,126.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 35-0791163

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _		\$1,065,047.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$42,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _		\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 16 _		\$20,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b)		
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _			
_ 17 _ (a)		Total contributions	Person X Payroll Noncash (Complete Part II if there is

Employer identification number 35-0791163

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 19 _		\$32,394.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 21 _		\$85,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 22 _		\$36,612.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 23 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
			a noncastr contribution.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	

Employer identification number 35-0791163

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 25 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 26 _		\$70,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 27 _		\$21,800.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 28 _		\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 29 _		\$50,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 30 _		\$12,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Part I	Contributors	(see instructions)	Use duplicate copies o	f Part Lif additions	l snace is needed
Iaiti	COLLLIDATORS	(300 111311 40110113).	USE auplicate copies of	i i ait i ii auuitiona	ii space is riceucu.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 31 _		\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 32 _		\$35,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 33 _		\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 34 _		\$6,200.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 35 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 36 _			Person X Payroll

Part I	Contributors (	(see instructions)	. Use du	plicate cop	pies of I	Part I if	additional	space is	needed.
--------	----------------	--------------------	----------	-------------	-----------	-----------	------------	----------	---------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37 _		\$6,600.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 38 _		\$40,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	Total Continuations	Type of contribution
_ 40 _		\$10,540.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_ 40 _ (a)	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II if there is
(a)	(b)	\$10,540.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	\$10,540.  (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 43 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 44 _		\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 45 _		\$8,100.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 46 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 47 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48			

Part I	Contributors (	(see instructions)	. Use du	plicate cop	pies of I	Part I if	additional	space is	needed.
--------	----------------	--------------------	----------	-------------	-----------	-----------	------------	----------	---------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 49 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 50 _		\$10,250.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51 _		\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 52 _			Person X
		\$5,000.	Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$5,000.  (c)  Total contributions	Noncash (Complete Part II if there is
		(c)	Noncash (Complete Part II if there is a noncash contribution.)  (d)
No.		(c) Total contributions	Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Part I	Contributors	(see instructions)	Use duplicate copies o	f Part Lif additions	l snace is needed
Iaiti	COLLLIDATORS	(300 111311 40110113).	USE auplicate copies of	i i ait i ii auuitiona	ii space is riceucu.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56 		\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 57 _		\$36,638.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 58 _			Person X
		\$126,923.	Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$126,923.  (c) Total contributions	Noncash (Complete Part II if there is
1	(b)	(c)	Noncash (Complete Part II if there is a noncash contribution.)  (d)
No.	(b)	(c) Total contributions	Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization FORT WAYNE PHILHARMONIC ORCHESTRA, INC.

Employer identification number 35-0791163

Part I	Contributors (see instructions). Use duplicate copies of Pari	t i if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,300.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

35-0791163

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II ir additional space is ne	eaea.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-   -   5	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

35-0791163

Part III <u>E</u> t	<i>Exclusively</i> religious, charitable, etc., in the hat total more than \$1,000 for the yea	ndividual contribut r. Complete colum	tions to section 5 nns (a) through (e	01(c)(7), (8), or (10) organizations ) and the following line entry.	
Ċ	For organizations completing Part III, entropy contributions of \$1,000 or less for the year.	ear. (Enter this info	ormation once. Se	charitable, etc., ee instructions.)   \$\bigs\\$	
	Use duplicate copies of Part III if addition	al space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held	
		(e) Transfe	r of gift		
	Transferee's name, address, and a	ZIP + 4	Relatio	nship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held	
		(e) Transfe	r of aift		
		(e) Transie	ar or gint		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held	
		(e) Transfe	er of gift		
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transfe	er of gift		
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee	

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection

	e of the organization		Employer identification number
FOI	RT WAYNE PHILHARMONIC ORCHESTRA, INC.		35-0791163
Pa	Organizations Maintaining Donor Advised Funds or Other organization answered "Yes" to Form 990, Part IV, line 6.	Similar Funds or A	Accounts. Complete if the
	(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in d	onor advised
•	funds are the organization's property, subject to the organization's exclusi		
6	Did the organization inform all grantees, donors, and donor advisors in wr	•	
•	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization ans		
1	Purpose(s) of conservation easements held by the organization (check all		111 330, 1 art 14, fine 7.
	Preservation of land for public use (e.g., recreation or education)		an historiaally important land
	Protection of natural habitat	1 1	an historically important land area a certified historic structure
	• • I	— Preservation of	a certified historic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation.	ation contribution in th	no form of a consequation
2	easement on the last day of the tax year.	ation contribution in the	le form of a conservation
	and the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	<u></u> -	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure include	i i	2c
d	Number of conservation easements on a certified historic structure include Number of conservation easements included in (c) acquired after 8/17/06	7 7	20
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extin		
3		iguisned, or terminat	ed by the organization during the
	tax year		
4 5	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monito		
•	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easer	ments during the year
-	Amount of annual insured in annuitation in a section and a fact the		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	iservation easements	s during the year
			. 470(1)(4)(D)
8	Does each conservation easement reported on line 2(d) above satisfy the		
9	(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easement balance sheet, and include, if applicable, the text of the footnote to the organization.		•
	organization's accounting for conservation easements.	ganization s illiancial	statements that describes the
Par	rt III Organizations Maintaining Collections of Art, Historical Tre	easures or Other S	Similar Accete
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 8.	Jilliai Assets.
1a	If the organization elected as permitted under SEAS 116 (ASC 958) in	of to report in its re-	venue statement and halance shoot
, 4	works of art historical treasures or other similar assets held for pub	lic exhibition, educa	ition, or research in furtherance of
	public service, provide, in Part XIV, the text of the footnote to its financial s	statements that descr	ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for pub public service, provide the following amounts relating to these items:	to report in its revilic exhibition, educa	enue statement and balance sheet tion, or research in furtherance of
	(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 as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) rel		
а	Revenues included in Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		▶ \$

Par	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	, or Othe	r Similar A	Assets (	continue	d)
3	Using the organization's acquisition collection items (check all that app		other reco	rds, checi	k any of	the follo	wing that a	are a sig	nificant u	se of its
а	Public exhibition	· <b>3</b> 7·	d [	Loa	n or exc	hange pro	ograms			
b	Scholarly research		e –	Oth		mango pro	granio			
c	Preservation for future ge	nerations	ــــا							
4			and oval	ain haw t	boy fur	hor the e	raanization'	c ovemn	t purpos	o in Dort
•	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
_	•									
3	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								No	
Par	t IV Escrow and Custodial A line 9, or reported an an	rrangements. Cor	nplete if t	he orgar						
1a	Is the organization an agent, truste	e. custodian or othe	r intermedi	ary for co	ntributio	ns or othe	er assets no	ıt		•
-	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in									
-	in the contract of the contrac	r aire aire comp	.010 1.10 101	ownig tal	,.о. Г		A	mount	***************************************	
С	Beginning balance					10	•			
e	Additions during the year									
f	Ending balance									
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement in							[		
	t V Endowment Funds. Com		ization an	swered '	"Yes" to	Form 99	0. Part IV.	line 10.		
		(a) Current year	(b) Prio			years back	(d) Three y			years back
1a	Beginning of year balance	12,096,629.	9,96	0,541.	9,2	00,509.	11,211	L,741.	20.00 00 0 1441 0 100.00 00 1441 0	6 10 0 1 00
b	Contributions	798,408.	81	1,349.	6	97,369.	1,175	5,269.	200	
C	Net investment earnings, gains,									100 000 000 00 00 00 00 00 00 00 00 00 0
	and losses	466,882.	1,95	9,682.	7	54,221.	2,472	2,717.		300
ď	Grants or scholarships								i di di	
е	Other expenditures for facilities .					***************************************			1 0 1 1 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0	indos spession i neg en la coupe des grants per en en
	and programs	684,440.	63	4,943.	6	63,245.	. 713	3,784.		grand and a second
f	Administrative expenses	i							0000 10000 10000 0000 00 0000 00 00 000 00 00 00 00	2000 July 20 54
g	End of year balance	12,677,479.	12,09	6,629.	9,9	88,854.	9,200	509.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	See by to be 60
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
а	Board designated or quasi-endown	nent ▶ 84.4100	%							
b	Permanent endowment ► 9.0	100 %								
С	Temporarily restricted endowment	<b>▶</b> 6.5800 %								
	The percentages in lines 2a, 2b, an	d 2c should equal 1	00%.							
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held	and adm	inistered for	the	_	
	organization by:								<u> </u>	'es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related org		-						3b	
4	Describe in Part XIV the intended u									
Par	t VI Land, Buildings, and Equ	<u>ipment. See Forr</u>	n 990, Pa	rt X, line	10.					
	Description of property	(a) Cost or (invest		( <b>b)</b> Cost o	r other bas ther)	dep	ccumulated reciation	(0	i) Book valu	ıe
	Land	-				9 1 74 841	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	Buildings									
	Leasehold improvements									
	Equipment		· · · · · · · · · · · · · · · · · · ·	5	86,39	0. 4	169,022.		11	7,368.
	Other			L						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part .	X, column	(B), line	10(c).).	▶		11	7,368.
								Sched	ule D (For	n 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other(A)		<del>.</del>
	- 31	
<u>(B)</u>		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
<u>(1)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. See F	orm 990 Part Y lin	
		T Total
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(1)		77-31-17-31-31-31-31-31-31-31-31-31-31-31-31-31-
(2)		
(3)		
(4)		
<u>(5)</u> (6)		
(7)		
A		
(8)		,,
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, li	ne 15	
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1. (a) Description of liability	(b) Book valu	e ::::::::::::::::::::::::::::::::::::
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>D</b>	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the t		the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011

#### Part XIV Supplemental Information (continued)

PART V

INTENDED USE FOR ENDOWMENT

THE PHILHARMONIC HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER ITEMS SUPPORTED BY THEIR ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT. PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME OF WHICH IS EXPENDABLE TO SUPPORT MUSIC SCHOLARSHIPS, CHAIR IN THE VIOLA SECTION, AND OTHER PHILHARMONIC ACTIVITIES.

PART XI

RECONCILIATION OF CHANGE IN NET ASSETS

LINE 8: CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 38,235

PART XII

RECONCILIATION OF REVENUE

LINE 2D: SPECIAL EVENTS EXPENSE 38,203

LINE 4B: CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST (38,235)

PART XIII

RECONCILIATION OF EXPENSES

LINE 2D: SPECIAL EVENTS EXPENSE 38,203

# Part XIV Supplemental Information (continued)

ASC 740

FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

# **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization					Employer identification	on number
FORT	WAYNE PHILHARMONIC ORCHE		35-0791163				
Part	Fundraising Activities. Com Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rais				activities. Check	all that apply.	
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	· f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	_	•		•		
	Did the organization have a written o or key employees listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (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
			Yes	No			
1							
2							
3					**************************************		
4	31 (1)						
5							
6			<u> </u>				
7							
8							
9							
10			<u> </u>				
Total				▶			
3	List all states in which the organization or licensing.	tion is registered o	or licensed	l to solicit	contributions or	has been notified	it is exempt from
		•					
		_					

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

Schedule G (Form 990 or 990-EZ) 2011

Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gro			•
			(a) Event #1 OPENING NIGHT	(b) Event #2 CLOSTING DINNE	(c) Other Events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue		Gross receipts	12,220.	9,851.		22,071
æ	2	Less: Charitable contributions	6,232.	5,024.		11,256
	3	Gross income (line 1 minus line 2)		4,827.		10,815
	4	Cash prizes		, ,		
	5	Noncash prizes			***	
sesue	6	Rent/facility costs	2,927.	970.		3,897
Direct Expenses	7	Food and beverages	13,267.	13,293.	49-1944 - 19 - 18 <sup>1</sup> - 19 - 18 <sup>1</sup> - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	26,560
Dire	8	Entertainment				
	9	Other direct expenses	3,809.	3,937.		7,746
	10	Direct expense summary. Add lines 4 Net income summary. Combine line	through 9 in column (d)	)		( 38,203.)
Pa	rt I		anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				

	6 Volunteer labor No No No		3523511		8.
	7 Direct expense summary. Add lines 2 through 5 in column (d)	•	(		)
	8 Net gaming income summary. Combine line 1, column d, and line 7	<b>&gt;</b>	<i>.</i> 		
а	Enter the state(s) in which the organization operates gaming activities:  Is the organization licensed to operate gaming activities in each of these states?  If "No," explain:				No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  If "Yes," explain:			Yes _	

Schedule G (Form 990 or 990-EZ) 2011

# FORT WAYNE PHILHARMONIC ORCHESTRA, INC. 35-0791163

Sched	lule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
a	
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address •
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
_	
	Name ▶
	TOTAL PROPERTY OF THE PROPERTY
	Addrage •
	Address ▶
4.6	Coming manager information:
16	Gaming manager information:
	Nome >
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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 to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Pari	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

#### SCHEDULE L (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the emanization

	of the organization						-"	ipicyei				•	
FOR	WAYNE PHILHARMONIC ORCHESTS	RA, IN	IC.					35	-079	1163			
Part	Excess Benefit Transactions (se Complete if the organization answer								Z, Pa	rt V, li	ne 40	b.	
4	(a) Name of discussified annual				,	'h\ Danasiat	6 4					(c)	Conscied?
1	(a) Name of disqualified person					(b) Descript	on or tran	Saction	,			Υe	s No
(1)													
(2)									<del></del>				
(3)													1
(4)												_	
(5)													
(6)	··												1
2	Enter the amount of tax imposed on the									_			
	under section 4958									• \$_			
3	Enter the amount of tax, if any, on line 2	, above	, reim	burse	d by the organizatio	n		• • •	▶	* \$ _			
D									•				
Part	Loans to and/or From Interested Complete if the organization answer				000 Part IV line	26 or Form	000 EZ	Dort	\/ line	382			
	Complete it the organization answer	eleu le	5 01	1 F OIII		T		, rait	v, iii ie	30a.			
	(a) Name of interested person and purpose			n to or from enization?	(c) Original principal amount	(d) Bala	nce due	(e) In	tefault?		proved ard or	(g) W agreer	
					printerpar emice					comm		-0	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)								<del> </del>					
(3)													
(4)													
(5)													
(6)						7-1-							
(7)													
(8)													
(9)													
(10)													
Total	<u></u>							3	10 1		45.1		114.3
Part	Grants or Assistance Benefiting Complete if the organization answer					.7.							
	(a) Name of interested person	(b)	Relati	onship	between interested perso organization	on and the	(c)	Amoui	nt and	type o	f assis	tance	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													<del></del>
(10)		<u> </u>											
D	anomy ark Paduction Act Natice can the	· inctr.	ation.	c tar [	Form 990 or 990 E7	,		Caba	4	/E	000	000 67	1 2044

Schedule L (Form 990 or 990-EZ) 2011

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) MICHAEL LEWELLEN	SPOUSE OF BOARD MEMBER	24,305.	SEE PART V		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

#### Part V **Supplemental Information**

(9) (10)

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

MICHAEL LEWELLEN IS A SPOUSE TO BOARD MEMBER, ANNE LEWELLEN. MICHAEL

LEWELLEN IS A PAID EMPLOYEE OF THE FW PHILHARMONIC.

# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

FORT WAYNE PHILHARMONIC ORCHESTRA, INC.

35-0791163

PAGE 6

PART VI

LINE 1: GREG MARCUS, DENNIS L FICK, AND ANNE LEWELLEN ARE PAID MUSICIANS OF THE FORT WAYNE PHILHARMONIC.

6 AND 7A: MEMBERS OF THE PHILHARMONIC ARE PERSONS AND ENTITIES WHO CONTRIBUTE \$100 OR MORE TO THE ANNUAL FUND. EACH MEMBER IS ENTITLED TO VOTE AT ALL MEETINGS OF THE MEMBERS AND HAS THE RIGHT TO CAST ONE VOTE IN ANY ELECTION OF THE BOARD OF DIRECTORS.

LINE 11B: THE FORM 990 AND RELATED SCHEDULES UNDERGO A THOROUGH REVIEW BY
THE PRESIDENT OF THE PHILHARMONIC AS WELL AS AN INDEPENDENT CPA FIRM.
FOLLOWING THIS REVIEW, THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM
AND SCHEDULES PRIOR TO SUBMISSION TO THE IRS.

LINE 12C: CONFLICT OF INTEREST QUESTIONNAIRES ARE SUPPLIED TO THE FULL
BOARD AND OFFICERS OF THE ORGANIZATION ANNUALLY. THE GOVERNANCE
COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES COMPLIANCE WITH THE CONFLICT,
OF INTEREST POLICY. THE GOVERNANCE COMMITTEE REVIEWS THE COMPLETED
QUESTIONNAIRES AND FOLLOWS UP WITH ALL CONFLICTS. COMPLETED
QUESTIONNAIRES ARE BROUGHT TO EACH BOARD MEETING FOR REFERENCE IF
NECESSARY. BOARD MEMBERS WITH CONFLICTS ARE ASKED TO RECUSE THEMSELVES
FROM VOTING ON ISSUES INVOLVING THE CONFLICT.

LINE 15A: THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY
REVIEWS THE COMPENSATION OF THE PRESIDENT OF THE PHILHARMONIC. THE
REVIEW INCLUDES A COMPARISON TO OTHER SIMILAR NOT-FOR-PROFIT
ORGANIZATIONS AS WELL AS A REVIEW OF OBJECTIVES SET FORTH AND
ACCOMPLISHED. COMPENSATION IS ADJUSTED ACCORDINGLY AND DOCUMENTED IN THE
COMMITTEE MINUTES.

LINE 15B: THE ORGANIZATION DOES NOT HAVE KEY EMPLOYEES OR HIGHEST COMPENSATED EMPLOYEES.

LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST.

PART IX

PENSION EXPENSE IS ALLOCATED 100% TO PROGRAM SERVICE EXPENSES BECAUSE THE PENSION PLAN IS FOR UNION MUSICIAN MEMBERS ONLY.

FORM 990

PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS: (\$8,771)

CHANGE IN CHARITABLE REMAINDER TRUST: \$38,235

ATTACHMENT 1

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE PHILHARMONIC IS TO SUSTAIN AND EXPAND ITS MUSICAL TRADITION BY PRESENTING MUSICAL AND EDUCATIONAL PROGRAMS OF THE HIGHEST QUALITY, TO AN EXPANDING AUDIENCE THROUGHOUT THE TRI-STATE

Name of the organization FORT WAYNE PHILHARMONIC ORCHESTRA, INC.

Employer identification number

35-0791163

ATTACHMENT 1 (CONT'D)

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REGION, WITHIN THE FRAMEWORK OF ARTISTICALLY AND FISCALLY RESPONSIBLE MANAGEMENT. THE CORE PURPOSE OF THE PHILHARMONIC IS TO FOSTER AND INSTILL A LIFELONG LOVE OF CLASSICAL MUSIC THROUGH PERFORMANCE AND EDUCATION.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ANDREW CONSTANTINE 16 CLIPPING TREE LANE COCKEYSVILLE, MD 21030 MUSIC DIRECTOR

114,629.

TOTAL COMPENSATION

114,629.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

OPENING NIGHT CELEBRATION

6,232.

CLOSING NIGHT DINNER

5,024.

TOTAL

11,256.

ATTACHMENT 4

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
OPENING NIGHT CELEBRATION	5,988.	20,003.	-14,015.
CLOSING NIGHT DINNER	4,827.	18,200.	-13,373.

| Schedule | O (Form 990 or 990-EZ) 2011 | Separation | S

10,815.

38,203.

-27,388.

TOTALS

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the	organization	-					Employer id	lentification	number
FORT WA	YNE PHILHARMONIC ORCHESTRA, INC.						35-079	1163	
Part I	Identification of Disregarded Entities (Complete if t	he organizatio	n answere	d "Yes" to	Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity				(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	introlling
_(1)									
_(2)									
_(3)									
_(4)								-	
_(5)							· · ·		
_(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(Complete if the tax year.)	the organ	zation ansv	wered "Yes" to F	orm 990, Part IV	, line 34 becaus	e it had	
	(a)		(b) (c) Primary activity Legal domicile (s or foreign coun		1 '	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
								Yes	No
_(1)									
_(2)									
_(3)									
_(4)									
_(5)									
_(6)									
_(7)									

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

Schedule R (Form 990) 2011

JSA

Part III	Identification of Relate because it had one or r	ed Organizations	s Taxable anizations	as a Partnership treated as a par	p (Complete if t	the organization	answered "Yes"	to F	orm	990, Part IV,	line :	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e (related, elated, elated, elated, ded from under Sched		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership		
								Yes	No	(1 01111 1003)	Yes	No	
715													
_(2)													
_(3)											<del>                                     </del>		
(4)													
<u>(5)</u>											<del> </del>		
(6)											1		
<u>(7)</u>											<del> </del> -		
Part IV	Identification of Relate	ed Organizations	s Taxable	as a Corporatio	n or Trust (Cor	nplete if the org	ganization answer	ed "	Yes"	to Form 990,	Par	t IV,	
	(a) Name, address, and EIN of		ated organ	(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) are of t	total Sh	(g) are of ear as	sets	(h) Percentage ownership
(1) CH	ARITABLE REMAINDER TRUSTS (2)			1									
(2)				CHARITABLE TRUST	' IN	N/A	TRUST						
(3)				-									
(4)				-			-		.,				
(5)				-								····	
<u>(6)</u>				-									
_(7)													

D	٥	_	۵	

Part	Transactions With Related Organizations (Complete if the organization answere	d "Yes" to Form 990, Pa	rt IV, line 34, 35, 35a, or	36.)
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
	ouring the tax year, did the organization engage in any of the following transactions with one or mo			
a F	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			<u>1a</u> X
b (	ift, grant, or capital contribution to related organization(s)			1b    X
С (	ift, grant, or capital contribution from related organization(s)			
dl	oans or loan guarantees to or for related organization(s)			[1d] X
e l	oans or loan guarantees by related organization(s).			1e X
f S	icle of appoints to related appoint in a			
i (	ale of assets to related organization(s)			1f X
g F	turchase of assets from related organization(s)			1g X
h E	xchange of assets with related organization(s)	• • • • • • • • • • • • • • • • • • • •		1h X
1 1	ease of facilities, equipment, or other assets to related organization(s)			11 X
i l	ease of facilities, equipment, or other assets from related organization(s)			1i X
k F	erformance of services or membership or fundraising solicitations for related organization(s)			1k X
1 F	erformance of services or membership or fundraising solicitations by related organization(s)		· · · · · · · · · · · · · · · ·	11 X
m 5	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1 m X
n 8	haring of paid employees with related organization(s)			1n X
	maning or para omposition related enganization (e),			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
o F	teimbursement paid to related organization(s) for expenses			10 X
p F	teimbursement paid by related organization(s) for expenses	• • • • • • • • • • • • • • • • • • • •		1p X
ν.	combandement paid by related organization(s) for expenses			* * * * * * * * * * * * * * * * * * *
a (	Other transfer of cash or property to related organization(s)			1g X
4 \	Other transfer of cash or property from related organization(s)			1r X
2 1	the answer to any of the above is "Yes," see the instructions for information on who must complete	ete this line, including cove	red relationships and trans	action thresholds
	(-)	(b)	(c)	(d)
	(a) Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
		урс (а-т)		amount involved
<u>(1)</u>	·			
(2)				
12/	<del></del>			
(3)				
<u>(4)</u>				<u></u>
/E\				
(5)				<del></del>
(6)				
104				Schedule R (Form 990) 201

# Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(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
			section 512-514)	Yes	No			Yes	No	(F01111 1063)	Yes	No	
_(1)													
(2)													
<u>(3)</u>													
<u>(4)</u>					,						ļ		
_(5)				-									
<u>(6)</u>													
_(8)													
<u></u>													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Page 5

Part VII Supplemental Information

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

Form 990-T	Exem	Exempt Organization Business Income Tax Return (and proxy tax under section 6				6033(e))	033(e)) OMB No. 1545-0687			
Department of the Treasur	y	For calendar year 2011 or other tax year ending 06/30, 20 12				Open to Public Inspection for 501(c)(3) Organizations Only				
Check box if						D Employer identification number				
address change	ged	Traine or organization ( onesic b	OX 11 1141	o onangoz anz oco monaom	,	(Employ	yees' trust, see instructions.)			
B Exempt under section	n	FORT WAYNE PHILHARM	ONIC	ORCHESTRA, INC						
X 501(C)(3)	Print	Number, street, and room or suite no.	35-07	5-0791163						
408(e) 22	O(e) Type						ated business activity codes			
408A 53	0(a)	4901 FULLER DRIVE (See instructions.)								
529(a)		City or town, state, and ZIP code								
C Book value of all asse at end of year		FORT WAYNE, IN 4683								
•		up exemption number (See instruct				T				
		eck organization type   X 501			c) trust	401(a) 1	trust Other trust			
		rimary unrelated business activity.		ATTACHI			Yes X No			
	•	corporation a subsidiary in an affil	-		controlled group?	<b>.</b>	P [ ] TES [A] NO			
		J.L. NAVE III	rporatio	Telepho	one number ▶ 2	60-481	-0770			
		or Business Income		(A) Income	(B) Expen		(C) Net			
1a Gross receipts				( )	Control of the Control					
b Less returns and a		c Balance ▶	1 c							
		lule A, line 7)	2		1,200	interior				
-	· ·	2 from line 1c	3							
4a Capital gain n	et income (a	attach Schedule D)	4a		Service Servic					
b Net gain (loss)	) (Form 4797,	Part II, line 17) (attach Form 4797)	4b		9 1 2. L. 3 4 6 13 6 7					
c Capital loss d	eduction for	trusts	4c		10.100.000.000.000.000					
5 Income (loss) for	rom partnershi	ps and S corporations (attach statement)	$\overline{}$							
6 Rent income (	(Schedule C)									
		ncome (Schedule E)	7		<del> </del>					
		es, and rents from controlled	_							
			8							
		ection 501(c)(7), (9), or (17)								
		ncome (Schedule I)	10		<del> </del>					
•		dule J)	11							
-		ctions; attach schedule.)	12		10 00 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	•	ough 12	13							
Part II Deduc	tions Not	Taken Elsewhere (See inst	ructio	ns for limitations on	deductions.) (l	Except for	or contributions,			
deduct	tions must	t be directly connected with t	the ur	related business inc	ome.)					
14 Compensation	n of officers,	directors, and trustees (Schedule K)	٠			14				
15 Salaries and v	wages					15				
•							New York			
•	•									
	,	See instructions for limitation rules.)		1 1		20				
		4562)				22b	1			
		compensation plans								
		S					***************************************			
		Schedule I)								
		Schedule J)								
		schedule)				- 1				
		es 14 through 28								
		e income before net operating loss								
		ion (limited to the amount on line 3								
		le income before specific deduction				•				
•	•	rally \$1,000, but see line 33 instruc				33				
		ole income. Subtract line 33 from li				34	0			
enter the sma	anei Oi∠ero 0	r line 32				34	1			

PAGE 54

Pag	e

1. Description of property										
(1)										
(2)			,							
(3)										
(4)										
	2. Rent received	or accrue	ed							
(a) From personal property (if the for personal property is more th more than 50%)	percentage of rent	(b) Fr	rom real and personal prop age of rent for personal pro if the rent is based on pro	perty	exceeds			nected with the income ) (attach schedule)		
1)										
2)										
3)								1 1 2		
4)										
「otal	Т	otal								
c) Total income. Add totals of co nere and on page 1, Part I, line 6	olumns 2(a) and 2(b).	Enter			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,				
Schedule E - Unrelated De			e instructions)		1		( ) -			
			2. Gross income from	or	3. Dedu	ictions directly con debt-finance		or allocable to		
1. Description of de	bt-financed property		allocable to debt-finance		(a) Straight	line depreciation		(b) Other deductions		
			property			schedule)	(attach schedule)			
1)										
2)										
3)										
4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	Average adjusted basis     of or allocable to     debt-financed property     (attach schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
1)				%						
2)				%						
3)				%						
4)				%						
otals				▶	Part I, line	and on page 1, 7, column (A).		ere and on page 1. line 7, column (B).		
Schedule F - Interest, Ann							uctions)			
	•	E×	empt Controlled Org	aniz	zations	· · · · · · · · · · · · · · · · · · ·				
Name of controlled organization	2. Employer identification number	- 1	3. Net unrelated income (loss) (see instructions)		otal of specified ayments made	5. Part of column included in the corganization's gro	controlling	6. Deductions directly connected with income in column 5		
1)										
2)										
3)	· · · · · · · · · · · · · · · · · · ·						<del></del>			
4)										
Nonexempt Controlled Organ	nizations					•				
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified inclu		include	t of column 9 that is ed in the controlling ation's gross income	cor	11. Deductions directly connected with income in column 10		
1)										
2)										
3)										
4)										
					Entert	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).		
Totals	<del> </del>	<del></del>	<del> </del>		<b>&gt;</b>			Form <b>990-T</b> (201		

Schedule G - Investment In	ncome of a Sec	ction 501(c	)(7),	(9), or (17) Organ	nizat	i <b>on</b> (see inst	ruction	ons)	
1. Description of income	2. Amount of income		Deductions     directly connected     (attach schedule)				l-aside	s	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)					.,,,				
(4)						<del>*************************************</del>			
	Enter here and Part I, line 9, co		30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and a topp		The state of the s	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Enter here and on page Part I, line 9, column (B
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Schedule I - Exploited Exe	empt Activity In	come, Othe	r Th	an Advertising In	com	e (see instru	ction	s)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		Gross income from activity that is not unrelated business income		. Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
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1. Name of periodical	2. Gross advertising income	3. Direct advertising cost		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, bu not more than column 4).
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1. Name of periodical	2. Gross advertising income  3. Direct advertising co		osts			5. Circulation income		Readership costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4).
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Form **990-T** (2011)

ATTACHMENT 1

# ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.



# **Public Disclosure for Tax-Exempt Organizations**

Tax-exempt organizations are required to make a copy of their Forms 990 available for public inspection, and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Forms 990 for the last three years and to its application for exemption if it was filed after July 15, 1987. An organization may exclude from the disclosure copy of its return the donor lists and Forms 990-T. Form 990-T can be excluded only for returns filed prior to August 18, 2006. A failure to comply can result in an enforcement action by the IRS.

# Effective for Returns Filed After August 17, 2006

The Pension Protection Act of 2006 extends the public inspection and disclosure requirements and penalties applicable to Form 990 to Form 990-T of Code Section 501(c)(3) organizations. Certain information may be withheld by the organization from public disclosure and inspection if public availability would adversely affect the organization (e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization).

While the rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form 990/990-T before filing.

#### Where Must Information be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

# How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.



# **Public Disclosure Rules for Form 990**

Tax-exempt organizations are required to make a copy of their Form(s) 990 for the last three years available for public inspection, and to provide copies of such forms to individuals or organizations that request copies.

Following is a summary of the public disclosure rules, and a copy of your Form 990 that may be used to comply with such rules. Please note that the public disclosure copy of Form 990 may omit names and addresses of contributors. Form 990-T can be excluded only for returns filed prior to August 18, 2006.

# **Public Inspection**

Tax-exempt organizations must make Form 990 (and Form 990-T as shown above) available for public inspection, and provide copies upon request, at its principal office and at certain regional or district offices during normal business hours for three years from the due date of the return.

The following rules apply unless you make your public disclosure copy available on the World Wide Web via the Internet:

- Anyone requesting a copy in person must be provided a copy on the day of the request. If the request places an unusual burden on the organization (such as a request made just before the close of the normal business day), the copy must be provided on the next business day.
- Any request submitted in writing (via mail, etc.) must be honored within 30 days of receipt of the request or prepayment of copying charges (if prepayment is required).

#### Fees

No fees may be charged for public inspection. However, you may charge a fee for providing copies. Currently the permissible fee is \$1.00 for the first page and \$.15 for each additional page. You may require that the fee be paid in advance.

#### **Penalties**

There are substantial penalties that may apply for failure to comply with either the public inspection rules or the requirement to provide copies on request. However, there are rules designed to protect tax-exempt organizations from harassment campaigns.

If you have questions about these rules, please contact your BKD representative.

#### Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

# What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$1 for the first page and \$.15 cents for each subsequent page in addition to actual postage costs.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

#### Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

#### Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Forms 990 (and Forms 990-T filed after August 17, 2006) through the Internet. The information on the World Wide Web must be in such a format that it may be accessed,

BKD TAX506 9-06 downloaded, viewed or printed in the same format as the actual documents. Obviously, an organization would need to make the Worldwide Web address available to the general public.

There is nothing that prevents others from posting your Forms 990 or 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

# What if the Requests are a Form of Harassment?

If an organization feels it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

#### Conclusion

For better or worse, many organizations are going to see an increase in requests for their Forms 990 and 990-T. BKD is here to assist you in the preparation of your return to ensure that your organization is putting its "best foot forward."

Please contact our BKD advisor if you have questions about these rules.