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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2014

Wichita Symphony Society, Inc 225 W Douglas Ave Wichita, KS 67202
Regier Carr & Monroe, L.L.P. 300 W. Douglas Ave. Ste. 900 Wichita, KS 67202-2914
Not applicable
Not applicable
Not applicable
Not applicable
This Public Disclosure Copy will be made available to the public via the website, www.GuideStar.org . You may also provide copies of the Public Disclosure Copy to those who may request it. This copy is for your records. This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs ons is at $_{WWW\ irs\ gov/form990}$ and ending $\ JUN\ 30$,

A For the 2013 calendar year, or tax year beginning JUL 1. 2013 Check if C Name of organization D Employer identification number Address change WICHITA SYMPHONY SOCIETY, INC Name change 48-0671518 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-225 W DOUGLAS AVE (316)267-5259Amended return 3,611,989. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Applica-WICHITA, KS 67202 H(a) Is this a group return pending F Name and address of principal officer: DANIEL FLYNN for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (€ 4947(a)(1) or) ◀ (insert no.) 527 If "No." attach a list. (see instructions) J Website: ► WWW.WSO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1945 M State of legal domicile: KS Part I Summary Briefly describe the organization's mission or most significant activities: THE LIVE PERFORMANCE OF **Activities & Governance** SYMPHONIC AND ORCHESTRAL PRODUCTIONS. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 56 <u>56</u> Number of independent voting members of the governing body (Part VI, line 1b) 31 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 65,551. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** 990,507. 1,575,770. Contributions and grants (Part VIII, line 1h) Revenue 859,817. 1,048,463. Program service revenue (Part VIII, line 2g) 232,362. 237,809. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45,660. 65,551. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.719,056. 2,336,883. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,139,821. 1,149,342. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 894,911. 1,053,702. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,203,044. 2.034.732. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 684,324. 133,839. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 5,578,090. 6,301,761. 20 Total assets (Part X, line 16) 363,088. 417,849. 21 Total liabilities (Part X. line 26) Met 5,215,002. 5,883,912. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANIEL FLYNN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00715586 MARSHAL HULL MARSHAL HULL Paid Firm's name ▶ REGIER CARR & MONROE, L.L.P. 48-0573184 Preparer Firm's EIN Firm's address 300 W. DOUGLAS AVE. STE. 900 Use Only WICHITA, KS 67202-2914 Phone no. 316 - 264 - 2335 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>]</u>
1	Briefly describe the organization's mission: THE WICHITA SYMPHONY SOCIETY IS PRINCIPALLY ENGAGED IN THE PERFORMANCE	
	OF SYMPHONIC AND ORCHESTRA PRODUCTIONS AND OTHER EDUCATIONAL	
	ACTIVITIES FOR THE CITIZENS OF WICHITA, KANSAS AND SURROUNDING AREAS.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O.	D
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,729,510 • including grants of \$) (Revenue \$	$\overline{}$
Tu	THE WICHITA SYMPHONY PRESENTS LIVE PERFORMANCES OF SYMPHONIC AND	٠,
	ORCHESTRAL PRODUCTIONS. A BROAD RANGE OF CULTURAL, EDUCATIONAL AND	—
	ENTERTAINMENT ACTIVITIES ARE PLANNED EACH SEASON THAT WILL REACH AND/OR	_
	INVOLVE AN ESTIMATED 100,000 KANSANS OF ALL AGES AND ECONOMIC MEANS.	_
		_
	PROGRAMS INCLUDE TRADITIONAL CLASSICS CONCERTS, POPS CONCERT,	_
	DRESS-DOWN BLUE JEANS CONCERTS, EDUCATIONAL PROGRAMS AND SPECIAL FREE	_
	COMMUNITY WIDE PERFORMANCES AT CHRISTMAS, AND IN EARLY JUNE AS PART OF	_
	THE CITYWIDE WICHITA RIVERFEST, AND STATEWIDE BROADCASTING.	
		_
		_
4b	(Code:) (Expenses \$ 133,340 • including grants of \$) (Revenue \$ 163,222 •	<u>_</u>
	THE WICHITA SYMPHONY PRESENTS MANY EDUCATIONAL PROGRAMS THROUGHOUT THE	. ′
	SEASON, INCLUDING TWO SETS OF YOUNG PEOPLES CONCERTS FOR 22,000 AREA	_
	THIRD THROUGH EIGHTH GRADE STUDENTS; IN-SCHOOL KINDER CONCERTS FOR	—
	11,000 KINDERGARTEN THROUGH SECOND GRADE STUDENTS; THE SPONSORSHIP OF	—
	THREE YOUTH ORCHESTRAS INVOLVING MORE THAN 220 TALENTED FOURTH THROUGH	—
	TWELFTH GRADE STUDENTS FROM KANSAS AND OKLAHOMA; FREE PRIVATE MUSIC	—
		_
	LESSONS FOR 50 STUDENTS FROM LOW INCOME FAMILIES; APPRENTICE	_
	OPPORTUNITIES FOR QUALIFIED UNDERGRADUATE AND GRADUATE STUDENTS	_
	ATTENDING WICHITA STATE UNIVERSITY; AND THE ADMINISTRATION OF A COLLEGE	_
	AGE COMPETITION ON BEHALF OF THE NAFTZGER FUND FOR FINE ARTS.	_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		—
		—
		—
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
<u>4e</u>		_
	Form 990 (201	3)

332002 10-29-13

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,	х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	9 ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	х	
L		12a	- 22	
D	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	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
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				•

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		Х
00	If "Yes," complete Schedule N, Part I	31		Λ
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	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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		
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		Х
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	id the sı	ıpporting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		/00 :::
				Form	990	(2013)

Form 990 (2013) WICHITA SYMPHONY SOCIETY, INC 48-06/1518 Page
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. S	Gee inst	ructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	6		
	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		1b	5	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	with an	y other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the o					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990					Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset					Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appe					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, storage	ckhold	ers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be					
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at t	he			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	ode.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap		•			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body by	oetore '	filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	Α.	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, in School to O how this was done			40-	X	
12	in Schedule O how this was done					X
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approval to			14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Jy ii iue	pendent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization				X	_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt with	ıa			
-	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	-	=			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			•	•	•
17	List the states with which a copy of this Form 990 is required to be filed ▶KS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	Section	501(c)(3)s only) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in	Sched	lule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conf	lict of i	nterest policy,	and fina	ncial	
	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	record	ls of the organi	zation:	-	
	THE WICHITA SYMPHONY SOCIETY - 316-267-5259					
	225 W DOUGLAS, WICHITA, KS 67202					

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c unle	heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIEL FLYNN	5.00	x		х				0.	0.	0
PRESIDENT (2) SUSAN KOSLOWSKY	1.00	Δ		Λ				0.	0.	0.
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(3) KURT A. HARPER	2.00	Λ		Λ				0.	· ·	
SECRETARY	2.00	Х		х				0.	0.	0.
(4) ANNA R. ANDERSON	1.00	77		21				0.	0.	
ASSISTANT SECRETARY	1.00	x		Х				0.	0.	0.
(5) ROGER EASTWOOD	1.00	23							•	
TREASURER		x		х				0.	0.	0.
(6) SUZIE AHLSTAND	1.00	 						•		
DIRECTOR		х						0.	0.	0.
(7) TODD AIKINS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ABIGAIL ARTHUR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOYCE BACHUS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AL BUCH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RICHARD CHAMBERS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAVID COX	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) BARBARA CROTCHETT	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) SANDY CUSACK	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(15) CAROL DARNELL	1.00	,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(16) DARCEE DATTERI, PH. D.	1.00	٦,						0.	0.	^
DIRECTOR (17) WILLIAM D. DEVORE	1.00	Х				_		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR	l	Δ						1 0.	U •	- 000

332007 10-29-13

Form 990 (2013) WICHITA								NC	48-06/	TOT	8 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(de	not c	Pos			000	Reportable	Reportable		Estimated
	hours per	box	k, unle	ss pe	rson	is bot	th an	compensation	compensation	;	amount of
	week	offi	icer ar	nd a d	lirecto	or/trus	stee)	from	from related		other
	(list any	ctor						the	organizations	СО	mpensation
	hours for	or director				ted		organization	(W-2/1099-MISC)		from the
	related	l e	ruste			eusa		(W-2/1099-MISC)			rganization
	organizations		onal t		loyee	S m b					and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			or	ganizations
(10) DD GEODIEN ENVIRG	1.00	je P	SE .	#5	, Ke	ij'n.	훈			_	
(18) DR. STEPHEN EAVES	1.00	$ _{\mathbf{x}}$						0.	, ا		0.
OIRECTOR (19) VALERIE EDWARDS	1.00	╇	-			-	┢	0.	· · · · · · · · · · · · · · · · · · ·	' 	
DIRECTOR	1.00	x						0.	ر ا		0.
(20) JOHN FRENCH	1.00	122				-				' 	
DIRECTOR	1.00	x						0.	١	١.	0.
(21) H. GUY GLIDDEN, PH. D.	1.00	122								+	
DIRECTOR	1.00	$ \mathbf{x} $						0.	1	١.	0.
(22) ROARKE GORDON	1.00	1								+	
DIRECTOR		\mathbf{x}						0.		١. ١	0.
(23) WILLIAM E. HERCHER	1.00	Ħ									
DIRECTOR		\mathbf{x}						0.	l c	۱.	0.
(24) MARY L HERRIN	1.00										
DIRECTOR		X						0.	l c	١. ١	0.
(25) JERI G HINKLE	1.00										
DIRECTOR		X						0.	[c	۱.	0.
(26) JENNIFER HORCHEM	1.00										
DIRECTOR		X						0.) •	0.
1b Sub-total							ightharpoons	0.	-	١.	0.
c Total from continuation sheets to Part \u20a3							ightharpoons	90,500.		١.	0.
d Total (add lines 1b and 1c)								90,500.	[C	١.	0.
2 Total number of individuals (including but	not limited to th	nose	e liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable		ā
compensation from the organization											<u> </u>
											Yes No
3 Did the organization list any former officer			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		177
line 1a? If "Yes," complete Schedule J for										. 3	X
4 For any individual listed on line 1a, is the s											V
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or					•	•		•		_	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	ripiete Scriedui	e J i	101 31	ucn	pers	SULL				. 5	
Complete this table for your five highest c	ompensated in	den	ende	ent c	ont	racto	ors t	hat received more than	\$100 000 of compe	ensation	n from
the organization. Report compensation for										, iodiioi	
(A)							Ī	(B)			(C)
Name and busines	s address	N	ONI	E				Description of s	services		ensation
							_				

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

0 \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

D 1700	A SYMPHONY								48-067	1518
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	١.,		Posi				Reportable	Reportable	Estimated
	hours	(c	neck	allt	that	app	ly)	compensation	compensation	amount of
	per week					e e		from the	from related organizations	other compensation
	(list any	stor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or director				ted en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			oensa				and related
	organizations	nal fru	onalt		ploye	t co m				organizations
	below line)	ndividual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARTHA HOUSEHOLDER, M.D.	1.00	_	_		Ě	<u> </u>	Ь.			
DIRECTOR		x						0.	0.	0
(28) LILLY-ANN HUFFMAN	1.00							-		
DIRECTOR		х						0.	0.	0
(29) JEFF KLINKSICK	1.00									
DIRECTOR		Х						0.	0.	0
(30) DELMAR D KLOCKE	1.00									
DIRECTOR		Х						0.	0.	0
(31) ANNIE KOCH	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(32) SONDRA LANGEL	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0
(33) JOE J LIN, M.D. DIRECTOR	1.00	x						0.	0.	0
(34) GEORGE L LUCAS, M.D.	1.00	_						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(35) PHILLIPS S FRICK	1.00							0.	· ·	0
DIRECTOR		x						0.	0.	0
(36) MRS. ERNEST MCCLELLAN	1.00									
DIRECTOR		х						0.	0.	0
(37) MARILYN MCNEISH	1.00									
DIRECTOR		Х						0.	0.	0
(38) MRS. RUSSELL W MEYER, JR	1.00									
DIRECTOR		Х						0.	0.	0
(39) RODNEY E MILLER	1.00							_	_	_
DIRECTOR	1 00	Х						0.	0.	0
(40) MRS. GERALD NELSON	1.00								_	•
DIRECTOR	1 00	Х						0.	0.	0
(41) DR. CECIL RINEY	1.00	- -							_	0
DIRECTOR	1 00	Х						0.	0.	0
(42) SHOKO KATO SEVART DIRECTOR	1.00	x						0.	0.	0
(43) RICHARD C SHAW, M.D.	1.00	 ^		\vdash				0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(44) KARA HUNT	1.00								•	
DIRECTOR		x						0.	0.	0
(45) GEORGIA STEVENS	1.00	Ť						3,0	3,0	
DIRECTOR		х						0.	0.	0
(46) MICHAEL D THACKER	1.00									
DIRECTOR		х		L	L		L	0.	0.	0
Total to Part VII, Section A, line 1c										

(A) (B) Average hours Position (check all that apply) Reportable compensation from the compensation from the organizations (W-2/1099-MISC) Estimated amount of the organizations (W-2/1099-MISC) Estimated amount of the compensation from the compensation from the organizations (W-2/1099-MISC) (W-2/1099-M		SYMPHON	Y	300	CIE	<u> </u>	Υ,	ΤI	NC	48-067	1518
Name and title	Part VII Section A. Officers, Directors, T	rustees, Key Eı	mple	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)	
Name and title											(F)
Dough Power Week (list any bours for related organizations labelow line) Dispector W.2/1099-MISC) W.2/1099-MISC)							ı				
Week (list ary hours for related organizations place or related organizations place or related organizations place or related organizations place organizations pl		_	(cl	heck	call t	that	арр	ly)			amount of
(list arry created organization created organization created organizations created organizat		per							I		other
1.00 X			L				oyee				•
1.00 X			irecto				empl			(W-2/1099-MISC)	
1.00 X			e or d	tee			sated		(W-2/1099-MISC)		•
1.00 X		1	truste	al trus		yee	mpen				
1.00 X		"	dual	ution	<u></u>	old m	est co	e e			5.gaa
DIRECTOR X		line)	Indiv	Instit	Office	Key e	High	Form			
Cas Joh Tiger	(47) JAMES M THOMAS	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
1.00	(48) JON TIGER	1.00									
Name	DIRECTOR		Х						0.	0.	0.
SO RYAN WASINGER	(49) NANCY ZARNOW	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
S1 KATHRYN WEBB	(50) RYAN WASINGER	1.00									
Name	DIRECTOR		Х						0.	0.	0.
S2 NESTOR R WEIGAND, JR	(51) KATHRYN WEBB	1.00									
Name	DIRECTOR		Х						0.	0.	0 .
1.00 X 0.0	(52) NESTOR R WEIGAND, JR	1.00									
X	DIRECTOR		Х						0.	0.	0 .
S41 ROGER WHYTE	(53) JANET WESSELOWSKI	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 X	(54) ROGER WHYTE	1.00							_	_	_
X	DIRECTOR		X						0.	0.	0.
1.00 X 0. 0. 0. 0 0 0 0 0 0 0		1.00								_	_
DIRECTOR			Х						0.	0.	0.
(57) DONALD REINHOLD		1.00									
X 90,500. 0. 0		1000	X						0.	0.	0.
		40.00			l				00 500	•	
Total to Part VII. Section A. line 1c.	EXECUTIVE DIRECTOR				X				90,500.	0.	0 .
Total to Part VII. Section A line 1c.			l								
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A. line 1c.			ł								
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Total to Part VII. Section A line 1c.			ł								
Total to Part VII. Section A line 1c.								\vdash			
Total to Part VII. Section A line 1c.			1								
Total to Part VII. Section A. line 1c.		1									
	Total to Part VII. Section A line 1c								90.500		

Га	rt VII	Check if Schedule O cont		or note to any line	e in this Part VIII			
		Oneok ii Gonedale G Gone	ean a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, An	С	Fundraising events	1c					
₽ ia	d	Related organizations	1d					
ns, Sim		Government grants (contribut	· -	76,587.				
utio er \$	f	All other contributions, gifts, gran						
gip		similar amounts not included abo		913,920.				
ng	_	Noncash contributions included in lines			000 507			
<u>o a</u>	<u>h</u>	Total. Add lines 1a-1f			990,507.			
4	0 -	CONCERT TICKET SALES		Business Code 711190	950,399.	950,399.		
vice	2 a b			711190	33,354.	33,354.		
Ser	C			711190	32,710.	32,710.		
am ever	d			711190	32,000.	32,000.		
Program Service Revenue	e				, , , , , ,	, , , , ,		
Pr		All other program service reve	enue					
		Total. Add lines 2a-2f			1,048,463.			
	3	Investment income (including						
		other similar amounts)		▶ [72,918.	72,918.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<i>r</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,434,550.	1				
	Б	Less: cost or other basis and sales expenses	1,275,106.					
	_	Gain or (loss)						
		Net gain or (loss)			159,444.			159,444.
ø)		Gross income from fundraising			, -			, -
	•	including \$	`					
eve		contributions reported on line						
Other Revenu		Part IV, line 18	•					
the	b	Less: direct expenses						
O	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	11 2	Miscellaneous Revenu PROGRAM ADVERTISING	IC .	Business Code 541800	65,551.		65,551.	
	ii a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			65,551.			
	12	Total revenue. See instructions.			2,336,883.	1,121,381.	65,551.	159,444.
33200 10-29	9							Form 990 (2013)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in	this Part IX	(0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,500.	31,675.	45,250.	13,575
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	988,454.	913,406.	63,226.	11,822
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,093.	22,343.	17,624.	4,126
10	Payroll taxes	26,295.	23,032.	2,644.	619
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,786.	3,786.		
	Accounting	39,639.		39,639.	
d	· · · · · · · · · · · · · · · ·				
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//t/! 44				
	column (A) amount, list line 11g expenses on Sch 0.)	370,350.	370,350.		
12	Advertising and promotion	173,280.	171,408.	1,872.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	13,483.		13,483.	
17	Travel	73,871.	73,871.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,447.		4,447.	
23	Insurance	22,606.	11,303.	11,303.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	72,820.	65,162.	7,658.	
a	PRINTING AND PUBLICATIO	58,480.	8,580.	1,000.	49,900
b	SALES TAX	58,137.	58,137.		49,900
C	CONCERT FACILITY RENTAL	41,746.	41,746.		
d		121,057.	68,051.	38,553.	14,453
	All other expenses	2,203,044.	1,862,850.	245,699.	94,495
25	Total functional expenses. Add lines 1 through 24e	4,403,044.	1,002,030.	443,033.	34,433
26	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 if following SOP 98-2 (ASC 958-720) 0 10-29-13				Form 990 (2013

Form 990 (2013)

Part X | Balance Sheet

Part 2	X _	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
:	2	Savings and temporary cash investments		422,059.	2	533,765	
;	3	Pledges and grants receivable, net			259,475.	3	192,475
4	4	Accounts receivable, net				4	
,	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	plovees. Complete			
		Part II of Schedule L				5	
- 1	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sec		·			
σ l		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
۽ ک	8	Inventories for sale or use				8	
	9				55,433.	9	91,218
		Land, buildings, and equipment: cost or other	I I				
'`	-	basis. Complete Part VI of Schedule D	10a	155,198.			
	b	Less: accumulated depreciation	10b	155,198.	12,175.	10c	7,728
1.		Investments - publicly traded securities			4,577,024.	11	7,728 5,220,147
12		Investments - other securities. See Part IV, line				12	7,220,221
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets				14	
1:		Other assets. See Part IV, line 11			251,924.	15	256,428
10		Total assets. Add lines 1 through 15 (must equ			5,578,090.	16	6,301,761
1		Accounts payable and accrued expenses			45,681.	17	49,806
18		Grants payable			-	18	-
19		Deferred revenue			317,407.	19	368,043
20		Tax-exempt bond liabilities			•	20	•
2		Escrow or custodial account liability. Complete				21	
		Loans and other payables to current and former					
<u>≅</u>	_	key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
ے ا	3	Secured mortgages and notes payable to unrela				23	
2		Unsecured notes and loans payable to unrelate				24	
2	_	Other liabilities (including federal income tax, pa					
	_	parties, and other liabilities not included on lines					
		Schedule D	•	·		25	
20	6	Total liabilities. Add lines 17 through 25			363,088.	26	417,849
		Organizations that follow SFAS 117 (ASC 958					
es		complete lines 27 through 29, and lines 33 ar					
Ž 2	7	Unrestricted net assets			1,201,939.	27	1,886,469
ğ 2	8	Temporarily restricted net assets			185,490.	28	167,870
뒫 29	9				3,827,573.	29	3,829,573
표		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 🔲 📗			
ة		and complete lines 30 through 34.					
를 30	0	Capital stock or trust principal, or current funds				30	
Š 3	1	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated in	come, d	or other funds		32	
Z 3	3	Total net assets or fund balances			5,215,002.	33	5,883,912
34	4	Total liabilities and net assets/fund balances			5,578,090.	34	6,301,761

Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		2,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,20		
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,21		
5	Net unrealized gains (losses) on investments	5	53	5,0	71.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,88	3,9	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 School	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle 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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WICHITA SYMPHONY SOCIETY TNC **Employer identification number**

			SYMPHONY SO						48	3-0671	L518	i
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
	A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta	a private foundation nvention of churche cribed in section 17 a cooperative hospi search organization e: ion operated for the (b)(1)(A)(iv). (Complete, or local government)	because it is: (For lines so, or association of chure (Ob)(1)(A)(ii). (Attach So tal service organization operated in conjunction benefit of a college or un	1 through the ches described with a hoseniversity or the chescribed with a five site of the chescribed the chescribed with a hoseniversity or the chescribed with a hoseniversity or the chescribed with the c	11, check ribed in section pital desc	only one bection 170 170(b)(1)(ribed in se	(A)(iii). ction 170). (b)(1)(A)(ii mental uni	it describe	ed in		
8	section 170(A community An organizati activities rela income and u See section	b)(1)(A)(vi). (Complet r trust described in so ion that normally rec ted to its exempt fur unrelated business t 509(a)(2). (Complete	ete Part II.) section 170(b)(1)(A)(vi). seives: (1) more than 33 of the control o	(Complete 1/3% of its ain excepti tion 511 ta	Part II.) s support f ons, and (i x) from bu	rom contri 2) no more Isinesses a	butions, m than 33 1 acquired b	nembershi 1/3% of its by the orga	p fees, and	d gross re from gross	eceipts s invest	from tment
ef	An organization more publicly describes the a Type By checking foundation multiple organization properties of the organization organiza	ion organized and of supported organizate type of supporting b Tythis box, I certify the nanagers and other tration received a writrganization, check the support of the su	perated exclusively for the ations described in section organization and comply the II c Tat the organization is not than one or more publicition to the attended or the atten	ne benefit (on 509(a)(ete lines 1 ype III - Fur controlled y supporte the IRS tha	of, to perform of the through of the through one of the through of	orm the fur on 509(a)(2 n 11h. integrated ir indirectly ations desc ipe I, Type	cy by one of cribed in S	or to carr ction 509(I Typ r more dis- section 509	a)(3). Cheo e III - Non- qualified p 9(a)(1) or s	ck the box -functional persons ot	x that Illy integ ther tha	grated an
h	(i) A perso the gove (ii) A family (iii) A 35% of	n who directly or ind erning body of the so member of a person controlled entity of a	lirectly controls, either al upported organization? In described in (i) above? In person described in (i) of about the supported or	one or tog	ether with	persons o	lescribed	in (ii) and ((iii) below,	11g(ii))	No
` '	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the of in col. (i) list governing (sted in your document?		ion in col. support?	(vi) Is organizatio (i) organiz U.S Yes	on in col. \ ed in the	(vii) Amoun sup	nt of mo	netary
otal												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ					
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support				•		•
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	,	()	. ,	, ,	,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						
-	activities, whether or not the	ļ					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ					
	assets (Explain in Part IV.)	ļ					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	ŭ		•	•	. , . ,	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (l			column (f))		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the o					nore, check this b	ox and
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	= '	-	. \Box
h	10% -facts-and-circumstances tes	-	· ·				
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
.0	i ilitate iodilidationi il tile organizatio	n ala not oncol a	DON OIT III IC TO, TO	a, 100, 17a, 01 17	D, OHOOK HIID DOX E	and see mistruction	

Schedule A (Form 990 or 990-EZ) 2013

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.)

Se	ction A. Public Support	ciow, picase comp	noto i are my				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	ì	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1010714.	998,243.	1772331.	1575770.	990,507.	6347565.
2	Gross receipts from admissions,		-			-	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	632,606.	641,938.	720,902.	859,817.	1048463.	3903726.
3	Gross receipts from activities that	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7027		
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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	1642200	1.640101	0.4.0.0.0.0.0	0.405505	0000000	10051001
	Total. Add lines 1 through 5	1643320.	1640181.	2493233.	2435587.	2038970.	10251291.
72	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						10251291.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1643320.	1640181.	2493233.	2435587.	2038970.	10251291.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	114,024.	131,758.	167,380.	237,809.	232,362.	883,333.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	114,024.	131,758.	167,380.	237,809.	232,362.	883,333.
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						_
	or loss from the sale of capital	46,403.	253,229.	51,434.	45,660.	65,551.	462,277.
13	assets (Explain in Part IV.)	1803747.	2025168.	2712047.	2719056.	•	11596901.
	First five years. If the Form 990 is for						
	check this box and stop here	•	•	•	•		·
Se	ction C. Computation of Publi						············· • ——
	Public support percentage for 2013 (li			olumn (f))		15	88.40 %
	Public support percentage from 2012					16	91.84 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	7.62 %
	Investment income percentage from 2					18	3.80 %
	33 1/3% support tests - 2013. If the	•					
.56	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2012. If the						
r	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•	. ,	· ·	
ZU	r invate roundation. If the organization	i did fiot crieck a	JUN UIT III IE 14, 198	a, or 190, crieck tr	no bux and see ins		<u></u>

chedule A	.(Form 990 or 990-EZ) 2013 WICHITA	SYMPHONY	SOCIETY,	INC	48-0671518 _{Pa}
Part IV	.(Form 990 or 990-EZ) 2013 WICHITA Supplemental Information. Provi	de 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 in	nstructions).		

** PUBLIC DISCLOSURE COPY

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

48-0671518 WICHITA SYMPHONY SOCIETY, INC Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA 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) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,908.	Person X Payroll

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,079.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,070.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$32,000.	Person X Payroll

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 158,116.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,576.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,344.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$6,072.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Employer identification number

WICHITA SYMPHONY SOCIETY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$7,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

WICHITA SYMPHONY SOCIETY, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(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
		-	
		- \$	
(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
		-	
		- - -	
202452 10 0		Schedule R (Form (990-F7 or 990-PF\ (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number WICHITA SYMPHONY SOCIETY INC 48-0671518 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** WICHITA SYMPHONY SOCIETY, INC 48-0671518 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)			Collections of Ar			her Sir		ets/contin		age ∠			
Control Library Control L													
a Public exhibition d	3		on, and other record	s, check any or the	Tollowing that are a	a signino	ant use or it	3 CONSCIO	II ILCIII	3			
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 are that no be eminatinated as part of the organization collection? ▼exported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes,* explain the arrangement in Part XIII and complete the following table: C	_			Lagnaraya	hanaa nyaavama								
c			_		nange programs								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance It Amount It It It It It It It													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11 to d. c Beginning balance 1d		·											
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	3							Voc		No			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In the arrangement in Part XIII and complete the following table: Complete the segment of the organization answered "Ves" to Form 990, Part X, line 10. Complete the segment of the organization segment of the segment	Par									<u> </u>			
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Distributions during the year □ 1d □ 1	1 0			ite ii tile organizatio	Transwered res	10 1 01111	550, 1 41111	, 11110 0, 01					
on Form 990, Part X? b If *Yes,* explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered *Ves* to Form 990, Part X, line 10. Part V Endowment Funds on the funds on the funds of the organization that are held and administered for the organization business and programs				liary for contribution	s or other assets r	not includ	ded						
Beginning balance								Yes		No			
d Additions during the year 1d	b								-				
C Beginning balance	-	roo, oxpiam and an angement and an and						Amoun	t				
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	С	Beginning balance				1	lc						
E Distributions during the year E													
t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 10. □ Carriert year (b) Prior year (c) Two years back (d) Three years back (e) Four ye													
2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization has been provided in Part XIII	f						lf						
Describe in Part XIII Check here if the explanation has been provided in Part XIII Describe in Part XIII Check here if the organization answered "Yes" to Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes		No			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) For years back (d) For years back (d) For years back (d) Three years back (d) For years back (d) For years back (d) For years back (d) For years back (d) Three years back (d) Three years back (d) For years back (d) Three years back (d]			
1a Beginning of year balance 4,627,024. 4,026,633. 3,041,367. 2,728,868. 2,675,160. b Contributions 4,820. 221,802. 1,086,638. 43,202. 58,901. c Net investment earnings, gains, and losses of Grants or scholarships 1,086,638. 43,202. 58,901. e Other expenditures for facilities and programs -153,764. -40,412. -143,400. -311,810. -375,000. f Administrative expenses 367. <td>Par</td> <td>t V Endowment Funds. Complete it</td> <td>f the organization an</td> <td>swered "Yes" to Fo</td> <td>rm 990, Part IV, lin</td> <td>e 10.</td> <td></td> <td></td> <td></td> <td></td>	Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to Fo	rm 990, Part IV, lin	e 10.							
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years bac	k (e) Four	r years	back			
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance To Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26 ⋅ 94 96 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 5 / 2xt xt xt xt xt xt xt xt	1a	Beginning of year balance	4,627,024.	4,026,633.	3,041,367	' .	2,728,868	3. 2	,675,	160.			
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs -153,76440,412143,400311,810375,000. f Administrative expenses	b	Contributions	4,820.	221,802.	1,086,638	3.	43,202	2.	58,	901.			
e Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance 73.01 b Permanent endowment ▶ 73.01 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Buildings C Leasehold improvements 155,198. 147,470. 7,728. e Other Other 155,198. 147,470. 7,728.			767,433.	419,001.	42,028	١.	581,107	'·	369,	807.			
and programs	d	Grants or scholarships											
g End of year balance	е	Other expenditures for facilities											
g End of year balance 5,245,146. 4,627,024. 4,026,633. 3,041,367. 2,728,868. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 26.94 % b Permanent endowment 73.01 % c Temporarily restricted endowment 3.05 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 155,198 147,470 7,728 6 e Other		and programs	-153,764.	-40,412.	-143,400	١.	-311,810).	-375,	000.			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26.94 % b Permanent endowment ▶ 73.01 % c Temporarily restricted endowment ▶ .05 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Book value depreciation (d) Book value (d) Bo	f	Administrative expenses	-										
a Board designated or quasi-endowment ▶ 26.94 % b Permanent endowment ▶ 73.01	g	End of year balance	5,245,146.	4,627,024.	4,026,633	١.	3,041,367	2	,728,	868.			
b Permanent endowment ▶ 73.01	2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:								
c Temporarily restricted endowment ▶			26.94	_%									
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment f Land 155,198. 147,470. 7,728.	b	Permanent endowment ► 73.01											
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(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other	3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the org	janization						
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		-							Yes				
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		(i) unrelated organizations						3a(i)					
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other										_ <u>X</u> _			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b							3b					
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Accumulated depreciation (f) Equipment (g) Accumulated depreciation (h) Equipment (g) Accumulated depreciation (h) Equipment (g) Accumulated depreciation (h) Equipment (h) Equipment (h) Cost or other basis (other) (h) Equipment (h) Equipm	Par			D . W. W			_						
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other													
1a Land b Buildings c Leasehold improvements d Equipment 155,198. 147,470. 7,728. e Other		Description of property	` '	1 ' '	' '			(d) Boo	k valu	€			
b Buildings C Leasehold improvements c Leasehold improvements 155,198. 147,470. 7,728. e Other 100 <td></td> <td>Land</td> <td>,</td> <td>Dasis</td> <td>(Other)</td> <td>achi ecia</td> <td>LIOIT</td> <td></td> <td></td> <td></td>		Land	,	Dasis	(Other)	achi ecia	LIOIT						
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d Equipment 155,198. 147,470. 7,728. e Other							-						
e Other				15	5.198.	147	470.		7.7	28.			
					5,150•	T T /	, = 10 •		, , ,	<u> </u>			
			<u> </u>	X column (R) line 1	0(c))			-	7.7	28.			

7,728. Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 WICHITA SYM	PHONY SOCIETY	, INC	48-0671518 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, I	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 F	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1)	(-,	(-,	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 I	Part X line 15
	Description	114. 0001 0111 000,1	(b) Book value
(1)			(4, 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11e or 11f. See Form	1990. Part X. line 25.
1. (a) Description of liability	1	(b) Book value	
(1) Federal income taxes		. ,	
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per F	Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,871,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	535,071.		
b					
С					
d					
е				2e	535,071.
3	Subtract line 2e from line 1			3	2,336,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,336,883.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	tements Wit	h Expenses per	Retu	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,203,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	- · · ·				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,203,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,203,044.
Pa	rt XIII Supplemental Information.				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** WICHITA SYMPHONY SOCIETY, INC 48-0671518 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE EXECUTIVE DIRECTOR IS EVALUATED ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: PROVIDED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **GUEST ARTIST FEES:** 179,833. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 179,833. SECURITY: PROGRAM SERVICE EXPENSES 3,051. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0.

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

Schedule O (Form 990 or 990-EZ) (2013)

3,051.

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TOTAL EXPENSES

Name of the organization WICHITA SYMPHONY SOCIETY, INC	Employer identification number 48-0671518
RECORDING ENGINEER:	
PROGRAM SERVICE EXPENSES	1,450.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1 //50
CONDUCTOR EXPENSE:	
PROGRAM SERVICE EXPENSES	114,299.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,299.
PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	71,717.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,717.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	370,350.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer identification number

WICHITA SYMP	HONY SOCIETY, INC				4	48-06715	518	
Part I Identification of Disregarded Entities Comp	olete if the organization answered "	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) or Total inco	me End-of-yea		Direct c	(f) controlling ntity	9
Identification of Related Tax-Exempt Organ	nizations Complete if the organizati	ion answered "Yes" on Form 990	D. Part IV. line 34 b	ecause it had one	or more r	related tax-exer	mot	
organizations during the tax year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			Section 512(b) controlled entity?	
CONTROL TO AD ACTUAL				501(c)(3))			Yes	No
SYMPHONY MANAGEMENT, INC 48-0673776 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	ORCHESTRA MUSICIANS	KANSAS	501(C)(3)	509(A)(3)	WICHITA SOCIETY	A SYMPHONY		х
,						,		
		1	•	•	•			

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

Schedule R (Form 990) 2013

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

(a)	(b)	(0)	(4)	(0)	/ f \	(a)		h)	/i)	/:\	(1/2)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	amount in box	partne	(k) Percentage ownership
		country)		sections 512-514)		400010	Yes	No		Yes I	lo

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled ity?
								163	NO
		25							

Page 3

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore related organizations listed	d in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		X			
b	Gift, grant, or capital contribution to related organization(s)			1b		X			
С	Gift, grant, or capital contribution from related organization(s)			1c		X			
d	Loans or loan guarantees to or for related organization(s)			1d		X			
	Loans or loan guarantees by related organization(s)			1e		X			
f	Dividends from related organization(s)			1f		X			
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)			1h		X			
	Exchange of assets with related organization(s)			1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)			11		Х			
	Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses			1q		X			
r	Other transfer of cash or property to related organization(s)			1r		X			
s	Other transfer of cash or property from related organization(s)			1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete								
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) V	WICHITA SYMPHONY MANAGEMENT O	654,964.	CASH AMOUNT OF REIMBURSE	MEN	TS				
(2)									
(3)									
(4)									
(5)									
(6)									
`-'	36	•							

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 section 512-514)	Are al partners 501(c)(orgs.)	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) ropor- nate tions?		(j) Genera manag partn Yes	al or Per ging er? OW	(k) rcentage vnership
												+	
												+	
										Schedule			00) 2012