# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

### FOR THE YEAR ENDING

June 30, 2015

| Wichita Symphony Society, Inc<br>225 W Douglas Ave No. 207<br>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  |
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### \*\* 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

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.gov/form990.

Inspection

| <u>A</u>                       | ror the                    | 2014 calendar year, or tax year beginning 000 1, 2014 and end  | iing U        | UN 30, 2013                      | )                              |
|--------------------------------|----------------------------|--|---------------|----------------------------------|--------------------------------|
| В                              | Check if applicabl         | C Name of organization   |               | D Employer identif               | ication number                 |
|                                | Addre                      |  |               |                                  |                                |
|                                | Name<br>chang              | Doing business as  |               | 48-0                             | 0671518                        |
|                                | Initial return             | ,  | m/suite       | E Telephone numbe                | er<br>5)267–5259               |
|                                | Final<br>return/<br>termin |  | <u>'</u>      |                                  |                                |
| _                              | ated<br>Amend              | City or town, state or province, country, and ZIP or foreign postal code   |               | G Gross receipts \$              | 3,883,972.                     |
| F                              | lreturn                    | WICHIIA, KB 07202  |               | H(a) Is this a group r           |                                |
|                                | Applic<br>tion<br>pendir   |  |               | for subordinate                  |                                |
|                                |                            | SAME AS C ABOVE  |               | <b>H(b)</b> Are all subordinates |                                |
|                                |                            | empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or L   | 527           | 1 ′                              | a list. (see instructions)     |
|                                |                            | te: ▶ WWW.WSO.ORG  |               | H(c) Group exemption             |                                |
|                                |                            | · ·  | <b>L</b> Year | of formation: 1945               | M State of legal domicile: KS  |
| P                              | art I                      | Summary  |               |                                  |                                |
| ø                              | 1                          | Briefly describe the organization's mission or most significant activities: $\overline{	ext{THE} \;\; 	ext{LI}}$ | VE P          | ERFORMANCE                       | OF                             |
| Activities & Governance        |                            | SYMPHONIC AND ORCHESTRAL PRODUCTIONS.  |               |                                  |                                |
| Ĩ                              | 2                          | Check this box  if the organization discontinued its operations or disposed                                      | of more       | than 25% of its net a            |                                |
| ŏ                              | 3                          | Number of voting members of the governing body (Part VI, line 1a)  |               | 3                                |                                |
| ত                              | 4                          | Number of independent voting members of the governing body (Part VI, line 1b)                                    |               | 4                                |                                |
| Se Se                          |                            | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                                     |               |                                  | 39                             |
| ŧ                              |                            | Total number of volunteers (estimate if necessary)   |               | _                                | 0                              |
| Ę                              | 7 a                        | Total unrelated business revenue from Part VIII, column (C), line 12   |               |                                  | 412,123.                       |
| ⋖                              |                            | Net unrelated business taxable income from Form 990-T, line 34   |               |                                  | 4 4 4 4                        |
|                                |                            | ,  |               | Prior Year                       | Current Year                   |
| an.                            | 8                          | Contributions and grants (Part VIII, line 1h)  |               | 990,507.                         |                                |
| ű                              |                            | Program service revenue (Part VIII, line 2g)   |               | 1,048,463.                       | 1,098,189.                     |
| Revenue                        |                            | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 232,362.                         | 429,798.                       |
| æ                              |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 65,551.                          |                                |
|                                | 1                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                               |               | 2,336,883.                       |                                |
|                                |                            | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               | 0.                               |                                |
|                                | 1                          |  |               | 0.                               | * *                            |
|                                | 1                          |  |               | 1,149,342.                       |                                |
| Expenses                       | 15                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                | ├             | 0.                               | 0.                             |
| en                             | loa                        | Table for a disciplinary and a second (Part IX, column (A), line 11e)  |               | •                                | 0.                             |
| Ä                              |                            |  |               | 1,053,702.                       | 1,204,735.                     |
|                                |                            | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 2,203,044.                       |                                |
|                                |                            | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 133,839.                         |                                |
| _ (                            | 19                         | Revenue less expenses. Subtract line 18 from line 12   |               |                                  |                                |
| Net Assets or<br>Fund Balances |                            |  | Ве            | ginning of Current Year          | End of Year                    |
| SSE                            | 20                         | Total assets (Part X, line 16)   |               | 6,301,761.                       | 6,272,102.                     |
| et A                           | 21                         | Total liabilities (Part X, line 26)  |               | 417,849.                         |                                |
| Z                              | 22                         | Net assets or fund balances. Subtract line 21 from line 20   |               | 5,883,912.                       | 5,837,612.                     |
|                                | art II                     | Signature Block  |               |                                  |                                |
|                                |                            | lties of perjury, I declare that I have examined this return, including accompanying schedules an                |               |                                  | ny knowledge and belief, it is |
| true                           | e, correc                  | tt, and complete. Declaration of preparer (other than officer) is based on all information of which              | preparer      | has any knowledge.               |                                |
|                                |                            | Signature of officer   |               | Doto                             |                                |
| Sig                            |                            | · · · ·  |               | Date                             |                                |
| He                             | re                         | DANIEL FLYNN, PRESIDENT  |               |                                  |                                |
|                                |                            | Type or print name and title   |               | Note I I                         | II DTIN                        |
| _                              |                            | Print/Type preparer's name Preparer's signature  | ال            | Date Check [                     | PTIN                           |
| Pai                            |                            | MARSHAL HULL MARSHAL HULL  |               | self-emplo                       |                                |
|                                | parer                      | Firm's name REGIER CARR & MONROE, L.L.P.   |               | Firm's EIN ▶                     | 48-0573184                     |
| Use                            | Only                       | Firm's address 300 W. DOUGLAS AVE. STE. 900  |               |                                  |                                |
|                                | _                          | WICHITA, KS 67202-2914   |               | Phone no. 31                     | 6-264-2335                     |
| Ма                             | y the IF                   | RS discuss this return with the preparer shown above? (see instructions)   |               |                                  | X Yes No                       |

| Pai | t III Statement of Program Service Accomplishments   |       |
|-----|--|-------|
|     | Check if Schedule O contains a response or note to any line in this Part III   |       |
| 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. | 0     |
| 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 \$ 1,856,337. including grants of \$) (Revenue \$ 991,212.   | _ )   |
|     | THE WICHITA SYMPHONY PRESENTS LIVE PERFORMANCES OF SYMPHONIC AND   |       |
|     | 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 \$ 172,329 • including grants of \$ ) (Revenue \$ 179,285 •   |       |
| 40  | (Code:) (Expenses \$ 172,329 • including grants of \$) (Revenue \$ 179,285 • 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 \$   | _)    |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  |       |
|     |  | —     |
|     |  | —     |
| 4-1 | Other program convices (Describe in Cabadula O.)   | —     |
| 4d  | Other program services (Describe in Schedule O.)   |       |
| 4e  | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2,028,666.   | —     |
| 46  | Form <b>990</b> (201   | 14)   |
|     | 10111999 (201  | . • / |

# Part IV Checklist of Required Schedules

|     |  |              | Yes | No               |
|-----|--|--------------|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |              |     |                  |
|     | If "Yes," complete Schedule A  | 1            | X   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2            | X   |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |              |     |                  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3            |     | X                |
| 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            |     | X                |
| 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            |     | X                |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |              |     |                  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "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, 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          |     | Х                |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e          |     | Х                |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |              |     |                  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f          |     | х                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |              |     |                  |
|     | Schedule D, Parts XI and XII   | 12a          |     | х                |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |              |     |                  |
| _   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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           |     | Х                |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a          |     | Х                |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |              |     |                  |
| _   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |              |     |                  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b          |     | х                |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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,          | _ <u>.</u> _ |     | <u> </u>         |
| ••  | 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     | <u>'''</u>   |     | <del></del>      |
|     | 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,"           |              |     | - <del>-</del> - |
| .5  | complete Schedule G, Part III  | 19           |     | х                |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a          |     | X                |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b          |     | - <del>-</del> - |
|     | to mile box, did the organization attach a copy of its addited initialicial statements to this fetum:                            |              | 000 | (001.4)          |

# 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   |           |     |          |
|     | domestic 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 or for domestic individuals 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       |     | Х        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |     |          |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |           |     |          |
| _   | any tax-exempt bonds?   | 24c       |     |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d       |     |          |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |           |     |          |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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   | 200       |     |          |
| 20  | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"  |           |     |          |
|     | complete Schedule L, Part II  | 26        |     | x        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |           |     |          |
| 21  | 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        |     | x        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   | 21        |     |          |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions):   |           |     |          |
| •   |   | 28a       |     | х        |
|     | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b       |     | X        |
|     | An entity of which a current or former officer, director, trustee, or key employee? If Tes, complete Schedule L, Farth  | 200       |     |          |
| C   | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 200       |     | x        |
| 20  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 28c<br>29 |     | X        |
| 29  |   | 29        |     | 122      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |           |     | x        |
| 24  | contributions? If "Yes," complete Schedule M  | 30        |     | 1        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |           |     | x        |
| 00  | If "Yes," complete Schedule N, Part I   | 31        |     | <u> </u> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |           |     | х        |
| 00  | Schedule N, Part II   | 32        |     | Α.       |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |           |     | X        |
| •   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33        |     | Α.       |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |           | х   |          |
|     | Part V, line 1  | 34        |     | v        |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a       |     | X        |
| b   | 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        |     | X        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |           |     | 177      |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37        |     | X        |
| 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        | Х   |          |

# Part V Statements Regarding Other IRS Filings and Tax Compliance

| Page   No   No   Page   No   No   Page   P      |    | Check if Schedule O contains a response or note to any line in this Part V  |                    |                        |            |     |               |
|---|----|---|--------------------|------------------------|------------|-----|---------------|
| b Enter the number of Forms W-2G included in line 1s. Enter of India applicable   |    |   |                    |                        |            | Yes | No            |
| b Enter the number of Forms W/2G included in line 1a, Enter of # in or applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  3 pl. If at least one is reported on line 2a, did the organization file all required devial employment tax returns?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  4 Did If "Yes," enter the name of the foreign country. East with the complex country in the same account, accounts of the authority over, a financial accounts (FBAR).  5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization file Form 8886-T?  5 Did was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5 Did with the complex party of the reganization file Form 8886-T?  5 Did with the complex party of the reganization file Form 8886-T?  5 Did with the complex party of the reganization file Form 8886-T?  6 Did the organization new and gross receipts that are normally greater than \$100,000, and did the organization solicity and the organization file form 8886-T?  6 Did th | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a                 | 14                     |            |     |               |
| describing winnings to prize winners?  a First 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  b If at least on is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-1/file (see instructions)  b If 'Yes', has it fled a Form 990 To fro this year If 'No, 1' for line 3, provide an explanation in Schedule 0  a 2a   39   X    b If 'Yes', and it fled a Form 990 To fro this year If 'No, 1' for line 3, provide an explanation or schedule 0  a 2a   2a   2a   2a   2a   2a    b If 'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)?  4a   2a   2a   2a   2a    b If 'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b   4a   2a   2a   2a    b If 'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a   3a   3a   3a    b If 'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a   4a   2a   2a    b If 'Yes, 'enter the name of the foreign 2a bank account, securities account, or other financial accounts (FBAR).  5b   4a   2a   2a    c If 'Yes, 'enter the name of the foreign 2a bank account, securities account, or other financial accounts (FBAR).  5a   3a   3a    c If 'Yes, 'enter the name of the foreign 2a bank account, securities account, or other financial accounts (FBAR).  5b   4a   2a   2a    c If 'Yes, 'enter the name of the foreign 2a bank account, securities account, or other financial accounts (FBAR).  5c   3a   3a    c If 'Yes, 'enter the animal of the organization has a bank account, securities account or     | b  |   | 1b                 | 0                      |            |     |               |
| Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this return.    Secondary   Se    | С  | Did the organization comply with backup withholding rules for reportable payments to vendors and re   | porta              | able gaming            |            |     |               |
| tiled for the calendary year ending with or within the year covered by this return  |    | (gambling) winnings to prize winners?   |                    |                        | 1c         | Х   |               |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If 1º Yes, "has it filed a Form 990 T for this year? If 'No," to line 3b, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the manne of the foreign country ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the late year?  5b If 'Yes," to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction at any time during the lax year?  5b C If 'Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c C If 'Yes," to line 5a or 5b, did the organization file Form 88861?  6a Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?  6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b If 'Yes," did the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If 'Yes," did the organization noticity the donor of the value of the goods or services provided?  7b If 'Yes," did the organization of the value of the goods or services provided?  7c If If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  7c If If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did th   | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                    |                        |            |     |               |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a   X   3a   X   3b   1f **es*, **inst Itfield a Form 980 F1 for this year? If **No, **to line 30, provide an explanation in Schedule 0   3b   X   3b   1f **es*, **inst Itfield a Form 980 F1 for this year? If **No, **to line 30, provide an explanation in Schedule 0   3b   X   3b   X   3b   1f **es*, **inst Itfield a Form 980 F1 for this year? If **No, **to line 30, provide an explanation in Schedule 0   3b   X   3b   X   3b   3b   3b   3b  |    | filed for the calendar year ending with or within the year covered by this return   | 2a                 | 39                     |            |     |               |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has it flied a Form 990-T for this year? If *No.* to fine \$8, provide an explanation in Schedule 0  5b X  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial all accounts (FEAR).  5c If *Yes,* the firent the name of the foreign country. ►  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5c If *Yes,* to line 5a or 5b, did the organization file Form 888617  6c If *Yes,* to line 5a or 5b, did the organization file Form 888617  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If *Yes,* the difference of the organization file form 888617  6d If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If *Yes,* did the organization that may receive deductible contributions under section 170(c).  6d If *Yes,* did the organization neceive apayment in excess of \$76 made partly as contribution and partly for poots and services provided to the payor?  7d If *Yes,* did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 82827  6d If *Yes,* did the organization received a contribution of qualified intellectual property, did the organization file a Form 1990 as required?  7d If Yes,* did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1990 as a foreign to the organization file a Form 1990 as | b  | If at least one is reported on line 2a, did the organization file all required federal employment tax retur   | ns?                |                        | <b>2</b> b | X   |               |
| the fires, "has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country.   b if "Yes," enter the name of the foreign country.   See instructions for filing requirements for FincEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line during the same transplant of the same transplant of the organization solicit any contributions that were not tax educutible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," idicate the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8328 filed during the year organization and party for goods and services provided to the parallel to the Form 8328.  7c If If Yes," indicate the number of Forms 8328 filed during the year pay premiums on a personal benefit contract?  7r If If Yes, indica     |    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions  | s)                 |                        |            |     |               |
| At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization ray for by a prohibited tax shelter transaction at any time during the tax year?  5a Dost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If Yes, "to line 5a or 5b, did the organization include with every solicitation and services statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "did the organization notify the donor of the value of the goods or services provided?  7 Did the organization receive a payment in excess of \$75 made partly sa contribution and partly for goods and services provided to the payor?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did to file Form 8282?  8 Did the organization, during the year or therwise dispose of tangible personal property for which it was required  1 Did the organization received a contribution of qualified intellectual property, did the organization file form 8280 as required?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization make at year year three during the year?  9 Sponsoring organization make at year and the file of the properties of the   | За | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                    |                        | 3a         |     |               |
| triancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that the sor is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a ID dithe organization receive a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If X  g If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(72) organizations. Enter:  a initiation   | b  | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule  | Ο                  |                        | 3b         | X   |               |
| b If "Yes," enter the name of the foreign country:   Sa was the organization aper typ to a prohibited tax shelter transaction at any time during the tax year?  Sa Was the organization aper typ to a prohibited tax shelter transaction at any time during the tax year?  Sa Was the organization that was or is a party to a prohibited tax shelter transaction?  So Unit "Yes," to line Sa or Sb, Ide the organization file Form 888817  Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  So If "Yes," ide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  Ta X  If "Yes," ide the organization notity the donor of the value of the goods or services provided?  To lid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Lid the organization notity the donor of the value of the goods or services provided?  To lid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Lid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Lid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  To Lid the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  To Lid the organization make a sex-bash biddings at any time during the year?  Sponsoring organization make any taxable distributions under section 4968?  Sponsoring organization make any taxable distributions und | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a   | autho              | rity over, a           |            |     |               |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization read annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a nayment in excess of \$75 made partly as a contribution or goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c X  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  77 If X  78 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  77 If X  78 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9a Sponsoring organization have excess business holdlings at any time during the year?  9a If Yes, Point of the sponsoring organization make a distribution of part Vill, line 12  9a Gross income from members or shareholders   |    | financial account in a foreign country (such as a bank account, securities account, or other financial a  | accou              | nt)?                   | 4a         |     | X             |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   1'Yes; to line 5a or 5b, did the organization file Form 8886-f?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   1'Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7   Organization shall be exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8   If 'Yes,' indicate the number of Forms 8282 filed during the year   Td    9   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   File organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   File organization received a contribution of qualified intellectual property, did the organization file Form 8989 are required?  8   Sponsoring organization make any taxable distributions under section 4966?  9   Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9   Section 501(c)(7) organizations. Enter:  1   Interest   Section 501(c)(7) organizations included on Part VIII, line 12   Section 501(c)(7) organization make any taxable distributions under section 4966?  9   Gross receipts, included on Form 900, Part VIII, line 12   Section 501(c)(7) organization increase or shareholders  1   If 'Ye  | b  | If "Yes," enter the name of the foreign country: ▶  |                    |                        |            |     |               |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization reteive appyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Was, If the organization receive any funds, directly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(17) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross recome from members or shareholders  11a  |    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  | ccour              | nts (FBAR).            |            |     |               |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$5' made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distribution sunder section 4966?  9 Gross income from members or shareholders  b Gross income from embers or shareholders  b Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  10 Section 501(c)(2) organizations. Enter:  a Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest   | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                    |                        | 5a         |     |               |
| 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b  | b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa  | ction              | ?                      | 5b         |     | X             |
| any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 to X  g If the organization, during the year, pay premiums, directly or indirectly, to pay permiums on a personal benefit contract?  7 to X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Sponsoring organization maintaining donor advised funds.  Sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make a distribution under section 4966?  B Office of the property of th   | С  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                    |                        | 5с         |     |               |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  P Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  f Did the organization inceeived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part Vill, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b Section 501(c)(2) qualified nonprofit health insurance is   |    |   |                    |                        |            |     |               |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization cereive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X f Did the organization during the year, pay premiums, directly or indirectly, to nay personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization section and a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization section and a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization in section 1900 personal persona   |    | any contributions that were not tax deductible as charitable contributions?   |                    |                        | 6a         |     | X             |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To  If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  4 If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To  X If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To  8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  B Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(7) organizations. Enter:  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves he organization is required to maintain by the states in which the organization receive any payments? If "No," provide an   | b  | If "Yes," did the organization include with every solicitation an express statement that such contribut   | ions d             | or gifts               |            |     |               |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To  If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  4 If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To  X If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To  8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  B Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(7) organizations. Enter:  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves he organization is required to maintain by the states in which the organization receive any payments? If "No," provide an   |    | were not tax deductible?  |                    |                        | 6b         |     |               |
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| to file Form 8282?  7c  | а  | $Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ good$ | vices <sub> </sub> | provided to the payor? | 7a         |     | Х             |
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| 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b  | а  |   |                    |                        |            |     |               |
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| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | 11 | , , , , , , , , , , , , , , , , , , ,   |                    | ı                      |            |     |               |
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| 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  |    |   |                    |                        | 40-        |     |               |
| 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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  | а  |   |                    |                        | 13a        |     |               |
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| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |    |   |                    |                        | 14-        |     | Y             |
|   |    |   |                    |                        |            |     |               |
|   | Q  | in res, mas it lieu a romm (20 to report these payments (1) No, provide an explanation in Schedule  | <del>, U</del>     |                        |            | 990 | /201 <i>/</i> |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |      | X  |  |  |  |  |  |  |  |  |  |
|-----|---|---------|------|----|--|--|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |         |      |    |  |  |  |  |  |  |  |  |  |
|     |   |         | Yes  | No |  |  |  |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |         |      |    |  |  |  |  |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |      |    |  |  |  |  |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |         |      |    |  |  |  |  |  |  |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 48  |         |      |    |  |  |  |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |         |      |    |  |  |  |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  | 2       |      | Х  |  |  |  |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |      |    |  |  |  |  |  |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3       |      | Х  |  |  |  |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       | Х    |    |  |  |  |  |  |  |  |  |  |
| 5   |   |         |      |    |  |  |  |  |  |  |  |  |  |
| 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 appoint one or                      |         |      |    |  |  |  |  |  |  |  |  |  |
|     | more members of the governing body?   | 7a      |      | Х  |  |  |  |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |      |    |  |  |  |  |  |  |  |  |  |
|     | persons other than the governing body?  | 7b      |      | Х  |  |  |  |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |      |    |  |  |  |  |  |  |  |  |  |
| а   | The governing body?   | 8a      | Х    |    |  |  |  |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | Х    |    |  |  |  |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |      |    |  |  |  |  |  |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |      | Х  |  |  |  |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |      |    |  |  |  |  |  |  |  |  |  |
|     |   |         | Yes  | No |  |  |  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |      | X  |  |  |  |  |  |  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |      |    |  |  |  |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |      |    |  |  |  |  |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х    |    |  |  |  |  |  |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |      |    |  |  |  |  |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Х    |    |  |  |  |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х    |    |  |  |  |  |  |  |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |      |    |  |  |  |  |  |  |  |  |  |
|     | in Schedule O how this was done   | 12c     | Х    |    |  |  |  |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Х    |    |  |  |  |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Х    |    |  |  |  |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |      |    |  |  |  |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |      |    |  |  |  |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Х    |    |  |  |  |  |  |  |  |  |  |
| b   | Other officers or key employees of the organization   | 15b     | Х    |    |  |  |  |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |      |    |  |  |  |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |      |    |  |  |  |  |  |  |  |  |  |
|     | taxable entity during the year?   | 16a     |      | X  |  |  |  |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |      |    |  |  |  |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |      |    |  |  |  |  |  |  |  |  |  |
|     | exempt status with respect to such arrangements?  | 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 (Section 501(c)(3)s only)      | availab | le   |    |  |  |  |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |         |      |    |  |  |  |  |  |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain in Schedule O)  |         |      |    |  |  |  |  |  |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | d finan | cial |    |  |  |  |  |  |  |  |  |  |
|     | statements available to the public during the tax year.   |         |      |    |  |  |  |  |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:                     |         |      |    |  |  |  |  |  |  |  |  |  |
|     | THE WICHITA SYMPHONY SOCIETY - 316-267-5259   |         |      |    |  |  |  |  |  |  |  |  |  |
|     | 225 W DOUGLAS, WICHITA, KS 67202  |         |      |    |  |  |  |  |  |  |  |  |  |

432006 11-07-14

# 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)                             | (B)  | (C)                            |                       |         | <del>)</del>   |                              | , iou  | (D)                                    | (E)  | (F)  |
|---------------------------------|--|--------------------------------|-----------------------|---------|----------------|------------------------------|--------|--|--|--|
| Name and Title                  | Average<br>hours per<br>week   | box                            | not c<br>, unle       | ss pe   | more<br>rson i | than<br>is bot<br>or/trus    | h an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|                                 | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee   | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) DAN FLYNN<br>PRESIDENT      | 5.00   | x                              |                       | х       |                |                              |        | 0.                                     | 0.   | 0.   |
| (2) SUSAN KOSLOWSKY             | 1.00   |                                |                       |         |                |                              |        | 0.                                     | •  |  |
| VICE PRESIDENT                  | 1.00   | x                              |                       | х       |                |                              |        | 0.                                     | 0.   | 0.   |
| (3) KURT A. HARPER              | 2.00   |                                |                       |         |                |                              |        |  | •  |  |
| SECRETARY                       |  | x                              |                       | х       |                |                              |        | 0.                                     | 0.   | 0.   |
| (4) TODD AIKINS                 | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (5) ROGER EASTWOOD              | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| TREASURER                       |  | Х                              |                       | х       |                |                              |        | 0.                                     | 0.   | 0.   |
| (6) SUZIE AHLSTAND              | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (7) RICHARD B CHAMBERS          | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (8) ABIGAIL ARTHUR              | 1.00   |                                |                       |         |                |                              |        | _                                      | _  | _  |
| DIRECTOR                        |  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (9) JOYCE BACHUS                | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        | 1  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (10) AL BUCH                    | 1.00   | ١                              |                       |         |                |                              |        |  | •  | •  |
| DIRECTOR                        | 1 00   | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (11) MICHAEL COSTELLO           | 1.00   | ٠,,                            |                       |         |                |                              |        |  | 0  | 0  |
| DIRECTOR                        | 1.00   | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (12) DAVID COX                  | 1.00   | X                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| OIRECTOR (13) BARBARA CROTCHETT | 1.00   | ^                              |                       |         |                |                              |        | 0.                                     | 0.   | <u></u>  |
| DIRECTOR                        | 1.00   | X                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (14) SANDY CUSACK               | 1.00   |                                |                       |         |                |                              |        | 0.                                     | 0.   |  |
| DIRECTOR                        | 1.00   | x                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (15) CAROL DARNELL              | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | x                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (16) STEPHEN A ENGLISH          | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                |                              |        | 0.                                     | 0.   | 0.   |
| (17) WILLIAM D. DEVORE          | 1.00   |                                |                       |         |                |                              |        |  |  |  |
| DIRECTOR                        |  | Х                              | L                     |         | L              |                              | L      | 0.                                     | 0.   | 0.   |
| 432007 11-07-14                 |  |                                |                       |         |                |                              |        |  |  | Form <b>990</b> (2014)   |

432007 11-07-14

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|---|--------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|------------------------------|--------------|--------------|-----------------|
| (A)   | (B) (C) Average Position |                                |                       |          |              |                              |          | (D)  | (E)                          |              |              | (F)             |
| Name and title  | Average                  |                                | not c                 | heck     | more         | than                         |          | Reportable                                   | Reportable                   |              |              | mated           |
|   | hours per<br>week        |                                |                       |          |              | is bot<br>or/trus            |          | compensation                                 | compensation<br>from related |              |              | ount of<br>ther |
|   | (list any                | <u>ا</u>                       |                       |          |              |                              | Ė        | from<br>the                                  | organizations                |              |              | ensation        |
|   | hours for                | direct                         |                       |          |              | -                            |          | organization                                 | (W-2/1099-MISC)              |              |              | m the           |
|   | related                  | e or                           | stee                  |          |              | nsate                        |          | (W-2/1099-MISC)                              | (** 2) 1000 (***1000)        |              |              | nization        |
|   | organizations            | Individual trustee or director | Institutional trustee |          | yee          | mpe                          |          | , ,  |                              |              | •            | related         |
|   | below                    | idual                          | ution                 | <u>-</u> | Key employee | est co                       | er       |  |                              |              | organ        | izations        |
|   | line)                    | Indiv                          | Instit                | Officer  | Key e        | Highest compensated employee | Former   |  |                              |              |              |                 |
| (18) DR. STEPHEN EAVES  | 1.00                     |                                |                       |          |              |                              |          |  |                              |              |              |                 |
| DIRECTOR  |                          | X                              |                       |          |              |                              |          | 0.   | 0                            | ١.           |              | 0.              |
| (19) MICHAEL FRIMEL   | 1.00                     |                                |                       |          |              |                              |          |  |                              | T            |              |                 |
| DIRECTOR  |                          | Х                              |                       |          |              |                              |          | 0.   | 0                            | ١.           |              | 0.              |
| (20) JOHN FRENCH  | 1.00                     |                                |                       |          |              |                              |          |  |                              | T            |              |                 |
| DIRECTOR  |                          | Х                              |                       |          |              |                              |          | 0.   | 0                            | ١.           |              | 0.              |
| (21) H. GUY GLIDDEN, PH. D.   | 1.00                     |                                |                       |          |              |                              |          |  |                              | 十            |              |                 |
| DIRECTOR  |                          | Х                              |                       |          |              |                              |          | 0.   | 0                            |              |              | 0.              |
| (22) JERRY JUHNKE   | 1.00                     |                                |                       |          |              |                              |          |  |                              | 十            |              |                 |
| DIRECTOR  |                          | X                              |                       |          |              |                              |          | 0.   | 0                            | ١.           |              | 0.              |
| (23) WILLIAM E. HERCHER   | 1.00                     |                                |                       |          |              | t                            | H        |  | -                            | 十            |              |                 |
| DIRECTOR  |                          | Х                              |                       |          |              |                              |          | 0.   | 0                            |              |              | 0.              |
| (24) SIERRA SCOTT   | 1.00                     |                                |                       |          |              | t                            |          |  |                              | Ť            |              |                 |
| DIRECTOR  |                          | X                              |                       |          |              |                              |          | 0.   | 0                            |              |              | 0.              |
| (25) JERI G HINKLE  | 1.00                     |                                |                       |          |              | H                            |          |  |                              | $\dot{+}$    |              |                 |
| DIRECTOR  | 100                      | X                              |                       |          |              |                              |          | 0.   | 0                            |              |              | 0.              |
| (26) JENNIFER HORCHEM   | 1.00                     |                                |                       |          |              | $\vdash$                     |          | •  | 0                            | +            |              |                 |
| DIRECTOR  | 1.00                     | X                              |                       |          |              |                              |          | 0.   | 0                            |              |              | 0.              |
|   | 1                        |                                |                       |          | <u> </u>     | 1                            | ┖        | 0.   |                              |              |              | 0.              |
| 1b Sub-total  |                          |                                |                       |          |              |                              |          | 92,500.                                      |                              | 1.           |              | 0.              |
| c Total from continuation sheets to Part V  |                          |                                |                       |          |              |                              |          | 92,500.                                      |                              |              |              | 0.              |
| d Total (add lines 1b and 1c)   |                          |                                |                       |          |              |                              |          | ·  |                              | <u>•</u>     |              | <u> </u>        |
| 2 Total number of individuals (including but r  | iot iimitea to tr        | iose                           | IISTE                 | ea a     | DOV          | e) wi                        | no r     | eceived more than \$100                      | ,000 of reportable           |              |              | 0               |
| compensation from the organization  |                          |                                |                       |          |              |                              |          |  |                              |              |              | res No          |
| 3 Did the organization list any <b>former</b> officer.  | director or tw           | ıoto                           | م اده                 |          | mala         |                              | ۵.       | highest compensated o                        | malayaa aa                   |              | '            | 140             |
| ,   |                          |                                |                       | •        |              | •                            |          |  |                              |              | 3            | х               |
| line 1a? If "Yes," complete Schedule J for s  |                          |                                |                       |          |              |                              |          |  |                              | ٠            | 3            | - 21            |
| 4 For any individual listed on line 1a, is the su   | •                        |                                |                       |          |              |                              |          |  | •                            |              |              | х               |
| and related organizations greater than \$15   |                          |                                |                       |          |              |                              |          |  |                              | ٠            | 4            | - 21            |
| 5 Did any person listed on line 1a receive or a   | •                        |                                |                       |          | •            |                              |          | led organization or indivi                   | dual for services            |              | _            | х               |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors                               | ipiete Scriedui          | e J i                          | Or Si                 | ucn      | pers         | SON                          |          |  |                              | <del>-</del> | 5            |                 |
| <u> </u>  |                          | -l i                           | ء اء ء، ء             |          |              |                              | 1        | No. at 112 a a 211 a a a 112 a a a 112 a a a | \$100,000 of a summar        |              | f            |                 |
| 1 Complete this table for your five highest co  | •                        |                                |                       |          |              |                              |          |  |                              | nsa          | ition ire    | OTTI            |
| the organization. Report compensation for   | the calendar y           | ear                            | enai                  | ng v     | vitn         | or w                         | /itnir   |  | year.                        | —            | (0)          |                 |
| <b>(A)</b><br>Name and business   | address                  | NT                             | INC                   |          |              |                              |          | <b>(B)</b><br>Description of s               | ervices                      | Cc           | (C)<br>mpens |                 |
| Traine and basiness   | addicoo                  | 1//                            | )IVI                  |          |              |                              | -        | - Decomption of a                            | 10111000                     |              | лпропо       |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              | —            |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              | $\dashv$ |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              | _        |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
|   |                          |                                |                       |          |              |                              |          |  |                              |              |              |                 |
| 2 Total number of independent contractors (   | _                        | ot li                          | mite                  | d to     |              | _                            | stec     | d above) who received m                      | nore than                    |              |              |                 |
| \$100,000 of compensation from the organi   | zation >                 |                                |                       |          |              | 0                            | ~        |  |                              |              |              |                 |

|   | A SYMPHONY         | Y 5                   | 300                   | CIE      | <u>CTS</u>   | ζ,                           | ΤI     | NC                 | 48-067           | 1518                        |
|---|--------------------|-----------------------|-----------------------|----------|--------------|------------------------------|--------|--------------------|------------------|-----------------------------|
| Part VII Section A. Officers, Directors | , Trustees, Key Er | mplo                  | yee                   | s, a     | nd F         | ligh                         | est    | Compensated Employ | rees (continued) |                             |
| (A)                                     | (B)                |                       |                       | ((       |              |                              |        | (D)                | (E)              | (F)                         |
| Name and title                          | Average            |                       |                       | Posi     | ition        | ı                            |        | Reportable         | Reportable       | Estimated                   |
|   | hours              | (cl                   | neck                  | all t    | that         | арр                          | ly)    | compensation       | compensation     | amount of                   |
|   | per                |                       |                       |          |              |                              |        | from               | from related     | other                       |
|   | week               | _                     |                       |          |              | oyee                         |        | the                | organizations    | compensation                |
|   | (list any          | director              |                       |          |              | emp                          |        | organization       | (W-2/1099-MISC)  | from the                    |
|   | hours for related  | eord                  | tee                   |          |              | sated                        |        | (W-2/1099-MISC)    |                  | organization<br>and related |
|   | organizations      | truste                | al frus               |          | yee          | mpen                         |        |                    |                  | organizations               |
|   | below              | Individual trustee or | Institutional trustee | <u>_</u> | Key employee | Highest compensated employee | ъ      |                    |                  | 5.ga <u>_</u> a             |
|   | line)              | Indiv                 | Instit                | Officer  | Key e        | Highe                        | Former |                    |                  |                             |
| (27) MARTHA HOUSEHOLDER, M.D.           | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (28) LILLY-ANN HUFFMAN                  | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (29) LORI SUPINIE                       | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (30) DELMAR D KLOCKE                    | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (31) ANNIE KOCH                         | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (32) SONDRA LANGEL                      | 1.00               |                       |                       |          |              |                              |        | _                  | _                | _                           |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (33) FOREST TIM WITSMAN                 | 1.00               |                       |                       |          |              |                              |        |                    |                  | _                           |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (34) GEORGE L LUCAS, M.D.               | 1.00               | l                     |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                | 1 00               | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (35) PHILLIPS S FRICK                   | 1.00               |                       |                       |          |              |                              |        |                    |                  | •                           |
| DIRECTOR                                | 1 00               | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (36) MARILYN MCNEISH                    | 1.00               | <b>.</b> ,            |                       |          |              |                              |        |                    |                  | 0                           |
| DIRECTOR                                | 1 00               | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (37) MRS. RUSSELL W MEYER, JR           | 1.00               | X                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| DIRECTOR (38) RODNEY E MILLER           | 1.00               | Δ                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| DIRECTOR                                | 1.00               | X                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (39) SHOKO KATO SEVART                  | 1.00               | Δ                     |                       |          |              |                              |        | 0.                 | · ·              | •                           |
| DIRECTOR                                | 1.00               | x                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (40) RICHARD C SHAW, M.D.               | 1.00               |                       |                       |          |              |                              |        | 0.                 |                  | •                           |
| DIRECTOR                                | 1.00               | X                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (41) GEORGIA STEVENS                    | 1.00               |                       |                       |          |              |                              |        | -                  | •                |                             |
| DIRECTOR                                | 1 2100             | x                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (42) MICHAEL D THACKER                  | 1.00               | <del> </del>          |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (43) JAMES M THOMAS                     | 1.00               |                       |                       |          |              |                              |        | -                  |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (44) JON TIGER                          | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (45) RYAN WASINGER                      | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     |                       |          |              |                              |        | 0.                 | 0.               | 0.                          |
| (46) KATHRYN WEBB                       | 1.00               |                       |                       |          |              |                              |        |                    |                  |                             |
| DIRECTOR                                |                    | Х                     | L                     |          | L            |                              | L_     | 0.                 | 0.               | 0.                          |
|   |                    |                       |                       |          |              |                              |        |                    |                  |                             |
| Total to Part VII, Section A, line 1c   |                    | <u></u>               | <u></u>               |          | <u></u>      |                              |        |                    |                  |                             |
|   |                    |                       |                       |          |              |                              |        |                    |                  |                             |

| Form 990 WICHITA                               | SYMPHON             | 7 5                            | 3OC                                | CIE     | ZT?          | Υ,                           | ΙÌ     | NC .                            | 48-067          | 1518                     |
|--|---------------------|--------------------------------|------------------------------------|---------|--------------|------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Part VII   Section A. Officers, Directors, Tru | ustees, Key Er      | nplo                           | oyee                               | s, a    | nd F         | ligh                         | est    | Compensated Employ              | ees (continued) |                          |
| (A)  | (B)                 |                                |                                    |         | <b>C)</b>    |                              |        | (D)                             | (E)             | (F)                      |
| Name and title                                 | Average             |                                | Position<br>(check all that apply) |         |              |                              |        | Reportable                      | Reportable      | Estimated                |
|  | hours               | (cl                            |                                    |         |              |                              |        | compensation                    | compensation    | amount of                |
|  | per                 |                                |                                    |         |              |                              |        | from                            | from related    | other                    |
|  | week                |                                |                                    |         |              | loyee                        |        | the                             | organizations   | compensation             |
|  | (list any hours for | lirecto                        |                                    |         |              | d em b                       |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | from the<br>organization |
|  | related             | e or (                         | stee                               |         |              | ısate                        |        | (***-27 1099-181100)            |                 | and related              |
|  | organizations       | Individual trustee or director | Institutional trustee              |         | yee          | Highest compensated employee |        |                                 |                 | organizations            |
|  | below               | idual                          | tution                             | l la    | Key employee | est cc                       | Je I   |                                 |                 |                          |
|  | line)               | Indi                           | Insti                              | Officer | Key          | High                         | Former |                                 |                 |                          |
| (47) JANET WESSELOWSKI                         | 1.00                |                                |                                    |         |              |                              |        |                                 |                 |                          |
| DIRECTOR                                       |                     | Х                              |                                    |         |              |                              |        | 0.                              | 0.              | 0.                       |
| (48) ART WOOD                                  | 1.00                |                                |                                    |         |              |                              |        |                                 |                 |                          |
| DIRECTOR                                       |                     | х                              |                                    |         |              |                              |        | 0.                              | 0.              | 0.                       |
| (49) DONALD REINHOLD                           | 40.00               |                                |                                    |         |              |                              |        |                                 |                 |                          |
| EXECUTIVE DIRECTOR                             |                     |                                |                                    | х       |              |                              |        | 92,500.                         | 0.              | 0.                       |
|  |                     |                                |                                    |         |              |                              |        | ,                               |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
| -  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     | ł                              |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     | ł                              |                                    |         |              |                              |        |                                 |                 |                          |
|  |                     |                                |                                    |         |              | $\vdash$                     |        |                                 |                 |                          |
|  |                     | ł                              |                                    |         |              |                              |        |                                 |                 |                          |
|  | <u> </u>            |                                | 1                                  |         |              |                              |        |                                 |                 |                          |
| Tatal to Dark VIII. Continue A. Pro- 4-        |                     |                                |                                    |         |              |                              |        | 92,500.                         |                 |                          |
| Total to Part VII, Section A, line 1c          |                     |                                |                                    |         |              |                              |        | 74,300.                         |                 |                          |

Form 990 (2014) WICHITA
Part VIII Statement of Revenue

|  |          | Check if Schedule O conta               | ains a response | or note to any lin   | e in this Part VIII |                         |                     |                                 |
|--|----------|---|-----------------|----------------------|---------------------|-------------------------|---------------------|---------------------------------|
|  |          | Chicar ii Concadio C Cont               | anio a reopenee | or rioto to arry iii | (A)                 | (B)                     | (C)                 | (D)                             |
|  |          |   |                 |                      | Total revenue       | Related or              | Unrelated           | Revenue excluded from tax under |
|  |          |   |                 |                      |                     | exempt function revenue | business<br>revenue | sections<br>512 - 514           |
| <b>ω</b> ω   |          |   | 1.1             |                      |                     | revenue                 | Teveriue            | 512-514                         |
| nts  |          | Federated campaigns                     |                 |                      |                     |                         |                     |                                 |
| اق ق   |          | Membership dues                         |                 |                      |                     |                         |                     |                                 |
| Łŝ,  | С        | Fundraising events                      | 1c              |                      |                     |                         |                     |                                 |
| la Et  | d        | Related organizations                   | 1d              |                      |                     |                         |                     |                                 |
| ini  | е        | Government grants (contributi           | ions) <b>1e</b> | 57,834.              |                     |                         |                     |                                 |
| rior<br>S  | f        | All other contributions, gifts, grant   | ts, and         |                      |                     |                         |                     |                                 |
| 13 g   |          | similar amounts not included above      | /e <b>1f</b>    | 967,211.             |                     |                         |                     |                                 |
|  | g        | Noncash contributions included in lines | 1a-1f: \$       |                      |                     |                         |                     |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts | h        | Total. Add lines 1a-1f                  |                 | <b></b>              | 1,025,045.          |                         |                     |                                 |
|  |          |   |                 | Business Code        |                     |                         |                     |                                 |
| o l  | 2 a      | CONCERT TICKET SALES                    |                 | 711190               | 962,389.            | 962,389.                |                     |                                 |
| Ş  | b        | <del></del>                             |                 | 711190               | 64,699.             | 64,699.                 |                     |                                 |
| Ser  | ~        | YOUTH ORCHESTRA FEES                    | _               | 711190               | 43,695.             | 43,695.                 |                     |                                 |
| E S  | d        | <del></del>                             |                 | 711190               | 27,406.             | 27,406.                 |                     |                                 |
| gra<br>Re  | _        | · <u></u>                               |                 | 711150               | 27,400.             | 27,400.                 |                     |                                 |
| Program Service<br>Revenue                             | e        |   |                 |                      |                     |                         |                     |                                 |
| _  |          | All other program service reve          |                 |                      | 1 000 100           |                         |                     |                                 |
| -  |          | Total. Add lines 2a-2f                  |                 |                      | 1,098,189.          |                         |                     |                                 |
|  | 3        | Investment income (including            |                 | 1                    | <b>50.000</b>       | =                       |                     |                                 |
|  |          | other similar amounts)                  |                 |                      | 72,308.             | 72,308.                 |                     | _                               |
|  | 4        | Income from investment of tax           |                 | t t                  |                     |                         |                     |                                 |
|  | 5        | Royalties                               |                 | <b></b>              |                     |                         |                     |                                 |
|  |          |   | (i) Real        | (ii) Personal        |                     |                         |                     |                                 |
|  | 6 a      | Gross rents                             |                 |                      |                     |                         |                     |                                 |
|  | b        | Less: rental expenses                   |                 |                      |                     |                         |                     |                                 |
|  | С        | Rental income or (loss)                 |                 |                      |                     |                         |                     |                                 |
|  | d        | Net rental income or (loss)             |                 |                      |                     |                         |                     |                                 |
|  | 7 a      | Gross amount from sales of              | (i) Securities  | (ii) Other           |                     |                         |                     |                                 |
|  |          | assets other than inventory             | 1,633,797.      |                      |                     |                         |                     |                                 |
|  | b        | Less: cost or other basis               |                 |                      |                     |                         |                     |                                 |
|  |          | and sales expenses                      | 1,276,307.      |                      |                     |                         |                     |                                 |
|  | c        | Gain or (loss)                          |                 |                      |                     |                         |                     |                                 |
|  |          | Net gain or (loss)                      |                 |                      | 357,490.            |                         | 357,490.            |                                 |
|  |          | Gross income from fundraising           |                 |                      | ,                   |                         | , -                 |                                 |
| ηne  | 0 4      | including \$                            | of              |                      |                     |                         |                     |                                 |
| Other Reven  |          | contributions reported on line          |                 |                      |                     |                         |                     |                                 |
| ă.   |          |   | •               |                      |                     |                         |                     |                                 |
| her  | L        | Part IV, line 18                        |                 |                      |                     |                         |                     |                                 |
| ŏ  |          | Less: direct expenses                   |                 |                      |                     |                         |                     |                                 |
|  |          | Net income or (loss) from fund          |                 | <b>&gt;</b>          |                     |                         |                     |                                 |
|  | э а      | Gross income from gaming ac             |                 |                      |                     |                         |                     |                                 |
|  |          | Part IV, line 19                        |                 |                      |                     |                         |                     |                                 |
|  |          | Less: direct expenses                   |                 |                      |                     |                         |                     |                                 |
|  |          | Net income or (loss) from gam           |                 | <b>D</b>             |                     |                         |                     |                                 |
|  | 10 a     | Gross sales of inventory, less          |                 |                      |                     |                         |                     |                                 |
|  |          | and allowances                          |                 |                      |                     |                         |                     |                                 |
|  |          | Less: cost of goods sold                |                 |                      |                     |                         |                     |                                 |
|  | С        | Net income or (loss) from sale          | s of inventory  | ▶                    |                     |                         |                     |                                 |
|  |          | Miscellaneous Revenu                    | e               | Business Code        |                     |                         |                     |                                 |
|  | 11 a     | PROGRAM ADVERTISING                     |                 | 541800               | 54,633.             |                         | 54,633.             |                                 |
|  | b        |   |                 |                      |                     |                         |                     |                                 |
|  | С        |   |                 |                      |                     |                         |                     |                                 |
|  | d        | All other revenue                       |                 |                      |                     |                         |                     |                                 |
|  | е        | Total. Add lines 11a-11d                |                 |                      | 54,633.             |                         |                     |                                 |
|  | 12       | Total revenue. See instructions.        |                 |                      | 2,607,665.          | 1,170,497.              | 412,123.            | 0.                              |
| 43200<br>11-07   | 9<br>·14 |   |                 |                      |                     |                         |                     | Form <b>990</b> (2014)          |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 92,500. 32,375. 46,250. 13,875. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,225. 995,313. 927,844. 56,244. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 23,250. 15,895. 3,892. 43,037. Other employee benefits 9 2,591. 27,495. 24,270. 634. Payroll taxes 10 Fees for services (non-employees): a Management ..... Legal 33,416. 33,416. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 417,291. 417,291 column (A) amount, list line 11g expenses on Sch O.) 181,824. 194,890. 4,650. 8,416. Advertising and promotion 12 Office expenses 13 8,460. 8,460. 14 Information technology Royalties 15 14,548. 14,548. 16 Occupancy 83,576. 83,576. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 4,373. 4,373. Depreciation, depletion, and amortization ..... 22 19,561. 9,781. 9,780. 23 Other expenses. Itemize expenses not covered 24 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.) .... 94,690. 94,690. SCENERY RENTAL AND MAINTENANCE 93,506. 84,200. 9,306. 58,174. SALES TAX 58,174. 42,354. 42,354. CONCERT FACILITY RENTAL 46,908. 43,951. 139,896. 49,037. e All other expenses 2,363,080. 2,028,666. 249,464. 84,950. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

| Pa            | rt X | Balance Sheet  |          |                            |                                 |            |                           |
|---------------|------|--|----------|----------------------------|---------------------------------|------------|---------------------------|
|               |      | Check if Schedule O contains a response or not       | te to ar | y line in this Part X      |                                 |            |                           |
|               |      |  |          |                            | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|               | 1    | Cash - non-interest-bearing                          |          | 1                          |                                 |            |                           |
|               | 2    | Savings and temporary cash investments               | 533,765. | 2                          | 575,791.                        |            |                           |
|               | 3    | Pledges and grants receivable, net                   | 192,475. | 3                          | 125,300.                        |            |                           |
|               | 4    | Accounts receivable, net                             |          |                            |                                 | 4          |                           |
|               | 5    | Loans and other receivables from current and for     |          |                            |                                 |            |                           |
|               |      | trustees, key employees, and highest compensation    | ated er  | nployees. Complete         |                                 |            |                           |
|               |      | Part II of Schedule L                                |          |                            |                                 | 5          |                           |
|               | 6    | Loans and other receivables from other disquali      | fied pe  | rsons (as defined under    |                                 |            |                           |
|               |      | section 4958(f)(1)), persons described in section    | า 4958(  | c)(3)(B), and contributing |                                 |            |                           |
|               |      | employers and sponsoring organizations of sec        | tion 50  | 1(c)(9) voluntary          |                                 |            |                           |
| ş             |      | employees' beneficiary organizations (see instr).    |          | 6                          |                                 |            |                           |
| Assets        | 7    | Notes and loans receivable, net                      |          |                            |                                 | 7          |                           |
| ⋖             | 8    | Inventories for sale or use                          |          |                            |                                 | 8          |                           |
|               | 9    | Prepaid expenses and deferred charges                |          |                            | 91,218.                         | 9          | 66,762.                   |
|               | 10a  | Land, buildings, and equipment: cost or other        |          |                            |                                 |            |                           |
|               |      | basis. Complete Part VI of Schedule D                | 10a      | 155,198.                   |                                 |            |                           |
|               | b    | Less: accumulated depreciation                       | 10b      | 151,843.                   | 7,728.                          | 10c        | 3,355.<br>5,193,927.      |
|               | 11   | Investments - publicly traded securities             |          |                            | 5,220,147.                      | 11         | 5,193,927.                |
|               | 12   | Investments - other securities. See Part IV, line    | 11       |                            |                                 | 12         |                           |
|               | 13   | Investments - program-related. See Part IV, line     | 11       |                            |                                 | 13         |                           |
|               | 14   | Intangible assets                                    |          |                            |                                 | 14         |                           |
|               | 15   | Other assets. See Part IV, line 11                   |          |                            | 256,428.                        | 15         | 306,967.                  |
|               | 16   | Total assets. Add lines 1 through 15 (must equ       | 34)      | 6,301,761.                 | 16                              | 6,272,102. |                           |
|               | 17   | Accounts payable and accrued expenses                | 49,806.  | 17                         | 55,408.                         |            |                           |
|               | 18   | Grants payable                                       |          |                            |                                 | 18         |                           |
|               | 19   | Deferred revenue                                     |          |                            | 368,043.                        | 19         | 379,082.                  |
|               | 20   | Tax-exempt bond liabilities                          |          |                            |                                 | 20         |                           |
|               | 21   | Escrow or custodial account liability. Complete      | Part IV  | of Schedule D              |                                 | 21         |                           |
| es            | 22   | Loans and other payables to current and former       | r office | rs, directors, trustees,   |                                 |            |                           |
| ≝             |      | key employees, highest compensated employee          |          |                            |                                 |            |                           |
| Liabilities   |      | Complete Part II of Schedule L                       |          | 22                         |                                 |            |                           |
| _             | 23   | Secured mortgages and notes payable to unrela        |          |                            |                                 | 23         |                           |
|               | 24   | Unsecured notes and loans payable to unrelate        | d third  | parties                    |                                 | 24         |                           |
|               | 25   | Other liabilities (including federal income tax, pa  | yables   | to related third           |                                 |            |                           |
|               |      | parties, and other liabilities not included on lines | 17-24    | ). Complete Part X of      |                                 |            |                           |
|               |      | Schedule D   | 415 040  | 25                         | 424 400                         |            |                           |
|               | 26   | Total liabilities. Add lines 17 through 25           |          |                            | 417,849.                        | 26         | 434,490.                  |
|               |      | Organizations that follow SFAS 117 (ASC 958          |          | ck here ▶ 🔼 and            |                                 |            |                           |
| Ses           |      | complete lines 27 through 29, and lines 33 an        |          |                            | 1 006 460                       |            | 1 071 407                 |
| auc           | 27   | Unrestricted net assets                              |          | 1,886,469.                 | 27                              | 1,871,487. |                           |
| Fund Balances | 28   | Temporarily restricted net assets                    |          | 167,870.                   | 28                              | 127,820.   |                           |
| pu            | 29   |  |          |                            | 3,829,573.                      | 29         | 3,838,305.                |
|               |      | Organizations that do not follow SFAS 117 (A         | SC 95    | 8), check here             |                                 |            |                           |
| S OF          |      | and complete lines 30 through 34.                    |          |                            |                                 |            |                           |
| set           | 30   | Capital stock or trust principal, or current funds   |          |                            |                                 | 30         |                           |
| As            | 31   | Paid-in or capital surplus, or land, building, or ed |          |                            |                                 | 31         |                           |
| Net Assets or | 32   | Retained earnings, endowment, accumulated in         |          |                            | E 002 012                       | 32         | E 027 610                 |
| _             | 33   | Total net assets or fund balances                    |          |                            | 5,883,912.                      | 33         | 5,837,612.                |
|               | 34   | Total liabilities and net assets/fund balances       |          |                            | 6,301,761.                      | 34         | 6,272,102.                |

| 71518 | Page | 1 | 2 |
|-------|------|---|---|
|-------|------|---|---|

| 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>    |            |     |     |
|    |   |         | _          |            |     |     |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |            | ,60        |     |     |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 2          | ,36        |     |     |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |            |            |     | 85. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4       |            | ,88        |     |     |
| 5  | Net unrealized gains (losses) on investments  | 5       |            | <u>-29</u> | 0,8 | 85. |
| 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          | ,83        | 7,6 | 12. |
| 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       | d 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         | Х   |     |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       | e basis | <b>;</b> , |            |     |     |
|    | consolidated basis, or both:  |         |            |            |     |     |
|    | X 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 Sch     | edule C | ).         |            |     |     |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Au | ıdit       |            |     |     |
|    | Act and OMB Circular A-133?   |         |            | 3a         |     | X   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired au | dit        |            |     |     |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |         |            | 3b         |     |     |

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

WICHITA SYMPHONY SOCIETY, INC

48-0671518

**Employer identification number** 

| Pa           | rt I   | Reason for Public (  | Charity Status (                      | All organizations must c                     | omplete th         | is part.) Se           | ee instructions.                      |                        |  |  |
|--------------|--|--|---------------------------------------|--|--------------------|------------------------|---------------------------------------|------------------------|--|--|
| Γhe          | ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) |  |                                       |  |                    |                        |                                       |                        |  |  |
| 1            |  | A church, convention of ch   | urches, or association                | on of churches describe                      | d in <b>sectio</b> | n 170(b)(1             | I)(A)(i).                             |                        |  |  |
| 2            |  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)                                     |                                       |  |                    |                        |                                       |                        |  |  |
| 3            |  | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> |                                       |  |                    |                        |                                       |                        |  |  |
| 4            |  | A medical research organiz   |                                       |  |                    |                        | -                                     | the hospital's name,   |  |  |
|              |  | city, and state:   |                                       |  |                    |                        |                                       |                        |  |  |
| 5            |  | An organization operated for   | or the benefit of a co                | ollege or university owne                    | d or opera         | ted by a g             | overnmental unit describ              | ped in                 |  |  |
|              |  | section 170(b)(1)(A)(iv). (C   |                                       | •  | ·                  | , ,                    |                                       |                        |  |  |
| 6            |  | A federal, state, or local go  | · · · · ·                             | nental unit described in                     | section 17         | 70(b)(1)(A)            | (v).                                  |                        |  |  |
| 7            |  | An organization that norma   | -                                     |  |                    |                        |                                       | public described in    |  |  |
|              |  | section 170(b)(1)(A)(vi). (C   | •                                     | , ,,   | 3                  |                        | J                                     | !                      |  |  |
| 8            |  | A community trust describe   |                                       | (1)(A)(vi). (Complete Par                    | t II.)             |                        |                                       |                        |  |  |
|              | X  | An organization that norma   |                                       |  | -                  | contribution           | ons, membership fees, a               | nd gross receipts from |  |  |
|              |  | activities related to its exen   | *                                     |  | -                  |                        |                                       | - ·                    |  |  |
|              |  | income and unrelated busin   | -                                     | ·  |                    |                        |                                       |                        |  |  |
|              |  | See section 509(a)(2). (Con  |                                       | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,              |                    |                        |                                       | , · · ·                |  |  |
| 10           |  | An organization organized  |                                       | ively to test for public sa                  | afetv. See         | section 50             | )9(a)(4).                             |                        |  |  |
| 11           |  | An organization organized a  | ·                                     | •  | -                  |                        |                                       | purposes of one or     |  |  |
|              |  | more publicly supported or   | ·                                     | •  | •                  |                        | · · · · · · · · · · · · · · · · · · · |                        |  |  |
|              |  | lines 11a through 11d that   | ~                                     |  |                    |                        |                                       |                        |  |  |
| а            |  | Type I. A supporting orga  | * *                                   |  |                    | -                      |                                       | giving                 |  |  |
|              |  | the supported organization   | · · · · · · · · · · · · · · · · · · · | •  | •                  | •                      |                                       |                        |  |  |
|              |  | organization. You must o   |                                       |  | , ,                |                        |                                       | 11 3                   |  |  |
| b            |  | Type II. A supporting org  | •                                     |  | tion with it       | ts support             | ed organization(s), by ha             | vina                   |  |  |
|              |  | control or management of   | <del>-</del>                          |  |                    |                        |                                       | -                      |  |  |
|              |  | organization(s). You mus   |                                       |  |                    |                        | J 1                                   | •                      |  |  |
| С            |  | Type III functionally inte   |                                       |  | in connec          | tion with, a           | and functionally integrate            | ed with.               |  |  |
|              |  | its supported organizatio  | - :                                   |  |                    |                        | • •                                   | ,                      |  |  |
| d            |  | Type III non-functionally  |                                       | •  |                    |                        |                                       | zation(s)              |  |  |
|              |  | that is not functionally int   |                                       |  |                    |                        |                                       |                        |  |  |
|              |  | requirement (see instruct  | -                                     |  | •                  |                        | -                                     |                        |  |  |
| е            |  | Check this box if the orga   | anization received a                  | written determination fro                    | om the IRS         | that it is a           | Type I, Type II, Type III             |                        |  |  |
|              |  | functionally integrated, or  | r Type III non-functio                | nally integrated support                     | ting organi        | zation.                |                                       |                        |  |  |
| f            | Ente   | er the number of supported of  |                                       |  |                    |                        |                                       |                        |  |  |
| g            | Prov   | vide the following information   | about the supporte                    | ed organization(s).                          |                    |                        |                                       |                        |  |  |
|              | (  | i) Name of supported   | (ii) EIN                              | (iii) Type of organization                   | (iv) Is the o      | rganization<br>in your | (v) Amount of monetary                | (vi) Amount of         |  |  |
|              |  | organization   |                                       | (described on lines 1-9 above or IRC section |                    | document?              | support (see                          | other support (see     |  |  |
|              |  |  |                                       | (see instructions))                          | Yes                | No                     | Instructions)                         | Instructions)          |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
|              |  |  |                                       |  |                    |                        |                                       |                        |  |  |
| <u> Fota</u> | al   |  |                                       |  |                    |                        |                                       |                        |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

# 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  | tion A. Public Support                         |                       |                    |             |          |                     |           |
|------|--|-----------------------|--------------------|-------------|----------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)        | (a) 2010              | <b>(b)</b> 2011    | (c) 2012    | (d) 2013 | (e) 2014            | (f) Total |
| 1    | Gifts, grants, contributions, and              |                       |                    |             |          |                     | _         |
|      | membership fees received. (Do not              |                       |                    |             |          |                     |           |
|      | include any "unusual grants.")                 |                       |                    |             |          |                     |           |
| 2    | Tax revenues levied for the organ-             |                       |                    |             |          |                     | _         |
|      | ization's benefit and either paid to           |                       |                    |             |          |                     |           |
|      | or expended on its behalf                      |                       |                    |             |          |                     |           |
| 3    | The value of services or facilities            |                       |                    |             |          |                     |           |
|      | furnished by a governmental unit to            |                       |                    |             |          |                     |           |
|      | the organization without charge                |                       |                    |             |          |                     |           |
| 4    | Total. Add lines 1 through 3                   |                       |                    |             |          |                     |           |
|      | 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.   |                       |                    |             |          |                     |           |
|      | tion B. Total Support                          |                       |                    |             |          |                     |           |
|      | ndar year (or fiscal year beginning in)        | (a) 2010              | <b>(b)</b> 2011    | (c) 2012    | (d) 2013 | (e) 2014            | (f) Total |
|      | Amounts from line 4                            |                       | `,                 | , ,         | <u> </u> | ` ,                 | .,        |
|      | Gross income from interest,                    |                       |                    |             |          |                     |           |
|      | dividends, payments received on                |                       |                    |             |          |                     |           |
|      | securities loans, rents, royalties             |                       |                    |             |          |                     |           |
|      | and income from similar sources                |                       |                    |             |          |                     |           |
| 9    | Net income from unrelated business             |                       |                    |             |          |                     | _         |
|      | activities, whether or not the                 |                       |                    |             |          |                     |           |
|      | business is regularly carried on               |                       |                    |             |          |                     |           |
| 10   | Other income. Do not include gain              |                       |                    |             |          |                     |           |
|      | or loss from the sale of capital               |                       |                    |             |          |                     |           |
|      | assets (Explain in Part VI.)                   |                       |                    |             |          |                     |           |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                    |             |          |                     |           |
|      | Gross receipts from related activities,        | etc. (see instruction | ons)               |             | •        | 12                  | _         |
|      | First five years. If the Form 990 is for       | •                     | ,                  |             |          | n 501(c)(3)         | _         |
|      | organization, check this box and stop          | here                  |                    |             |          |                     |           |
| Sec  | tion C. Computation of Publ                    | ic Support Per        | rcentage           |             |          |                     |           |
| 14   | Public support percentage for 2014 (I          | ine 6, column (f) di  | vided by line 11,  | column (f)) |          | 14                  | %         |
| 15   | Public support percentage from 2013            | Schedule A, Part      | II, line 14        |             |          | 15                  | %         |
|      | 33 1/3% support test - 2014. If the o          |                       |                    |             |          | nore, check this bo | x and     |
|      | stop here. The organization qualifies          | as a publicly supp    | orted organization | ١           |          |                     | ▶□        |
| b    | 33 1/3% support test - 2013. If the o          |                       |                    |             |          |                     |           |
|      | and stop here. The organization qual           | ifies as a publicly s | upported organiz   | ation       |          |                     | ▶□        |
| 17a  | 10% -facts-and-circumstances tes               |                       |                    |             |          |                     | or more,  |
|      | and if the organization meets the "fac         |                       |                    |             |          |                     |           |
|      | meets the "facts-and-circumstances"            |                       |                    | =           | •        | ~                   |           |
| b    | 10% -facts-and-circumstances tes               |                       |                    |             |          |                     |           |
|      | more, and if the organization meets the        | •                     |                    |             |          | •                   |           |
|      | organization meets the "facts-and-circ         |                       |                    |             |          |                     | ▶□        |
| 18   | <b>Private foundation.</b> If the organization |                       | -                  | •           |          |                     | s         |
|      |  |                       |                    |             |          | dula A /Earm 000    |           |

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

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

| Sec                         | tion A. Public Support  | ciow, picace comp    | nete i art ii.j       |                        |                     |                      |                        |  |
|-----------------------------|---|----------------------|-----------------------|------------------------|---------------------|----------------------|------------------------|--|
|                             | ndar year (or fiscal year beginning in)   | (a) 2010             | <b>(b)</b> 2011       | (c) 2012               | (d) 2013            | (e) 2014             | (f) Total              |  |
|                             | Gifts, grants, contributions, and   | (-, : :              | (-)                   | (-)                    | (-,                 | (-)                  | (-)                    |  |
|                             | membership fees received. (Do not   |                      |                       |                        |                     |                      |                        |  |
|                             | include any "unusual grants.")  | 998,243.             | 1772331.              | 1575770.               | 990,507.            | 1025045.             | 6361896.               |  |
| 2                           | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in  | ,                    |                       |                        | ,                   |                      |                        |  |
|                             | any activity that is related to the organization's tax-exempt purpose   | 641,938.             | 720,902.              | 859,817.               | 1048463.            | 1098189.             | 4369309.               |  |
| 3                           | Gross receipts from activities that   |                      |                       |                        |                     |                      |                        |  |
|                             | are not an unrelated trade or bus-  |                      |                       |                        |                     |                      |                        |  |
|                             | iness under section 513   |                      |                       |                        |                     |                      |                        |  |
|                             | Tax revenues levied for the organ-  |                      |                       |                        |                     |                      |                        |  |
|                             | ization's benefit and either paid to  |                      |                       |                        |                     |                      |                        |  |
|                             | or expended on its behalf   |                      |                       |                        |                     |                      |                        |  |
|                             | The value of services or facilities   |                      |                       |                        |                     |                      |                        |  |
|                             | furnished by a governmental unit to   |                      |                       |                        |                     |                      |                        |  |
|                             | the organization without charge   | 1610101              | 0.400000              | 0.405505               | 0000000             | 040004               | 4 0 5 0 4 0 0 5        |  |
| 6                           | Total. Add lines 1 through 5  | 1640181.             | 2493233.              | 2435587.               | 2038970.            | 2123234.             | 10731205.              |  |
| 7a                          | Amounts included on lines 1, 2, and   |                      |                       |                        |                     |                      |                        |  |
|                             | 3 received from disqualified persons  |                      |                       |                        |                     |                      | 0.                     |  |
|                             | 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.                     |  |
|                             | Public support (Subtract line 7c from line 6.)  |                      |                       |                        |                     |                      | 10731205.              |  |
| Sec                         | etion B. Total Support  |                      |                       |                        |                     |                      |                        |  |
|                             | ndar year (or fiscal year beginning in)   | (a) 2010             | <b>(b)</b> 2011       | (c) 2012               | (d) 2013            | (e) 2014             | (f) Total              |  |
|                             | Amounts from line 6   | 1640181.             | 2493233.              | 2435587.               | 2038970.            | (e) 2014<br>2123234. | (f) Total<br>10731205. |  |
| 10a                         | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources   | 131,758.             | 167,380.              | 237,809.               | 232,362.            |                      | 1199107.               |  |
|                             | Unrelated business taxable income   | 131/1301             | 10773001              | 23770031               | 232/3021            | 12371300             | 11331070               |  |
|                             | (less section 511 taxes) from businesses  |                      |                       |                        |                     |                      |                        |  |
|                             | acquired after June 30, 1975  | 131 750              | 167,380.              | 227 000                | 222 262             | 420 700              | 1199107.               |  |
|                             | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 131,758.             | 167,380.              | 237,809.               | 232,362.            | 429,798.             | 1199107.               |  |
| 12                          | Other income. Do not include gain   |                      |                       |                        |                     |                      |                        |  |
|                             | or loss from the sale of capital assets (Explain in Part VI.)   | 253,229.             | 51,434.               | 45,660.                | 65,551.             |                      | 470,507.               |  |
| 13                          | Total support. (Add lines 9, 10c, 11, and 12.)  | 2025168.             | 2712047.              | 2719056.               | 2336883.            | 2607665.             | 12400819.              |  |
| 14                          | First five years. If the Form 990 is for  | the organization's   | first, second, thir   | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz  | zation,                |  |
|                             | check this box and stop here  |                      |                       |                        |                     |                      |                        |  |
| Sec                         | tion C. Computation of Publ   | ic Support Pe        | rcentage              |                        |                     |                      |                        |  |
| 15                          | Public support percentage for 2014 (I   | ine 8, column (f) di | vided by line 13, o   | column (f))            |                     | 15                   | 86.54 %                |  |
| 16                          | Public support percentage from 2013   | Schedule A, Part     | III, line 15          |                        |                     | 16                   | 88.40 %                |  |
|                             |   |                      |                       |                        |                     |                      |                        |  |
| 17                          | Investment income percentage for 20   | 14 (line 10c, colun  | nn (f) divided by lir | ne 13, column (f))     |                     | 17                   | 9.67 %                 |  |
|                             |   |                      |                       |                        |                     | 18                   | 7.62 %                 |  |
|                             | . •   | •                    |                       |                        |                     | 3 1/3%, and line     |                        |  |
|                             | more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |                      |                       |                        |                     |                      |                        |  |
| l.                          |   |                      |                       |                        |                     |                      |                        |  |
|                             | line 18 is not more than 33 1/3%, che   | · ·                  |                       |                        | •                   | ·                    |                        |  |
| 15<br>16<br>Sec<br>17<br>18 | 16 Public support percentage from 2013 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  18 8 • 40 %  9 • 67 % |                      |                       |                        |                     |                      |                        |  |

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     |          | Yes   | No   |
|-----|----------|-------|------|
|     |          |       |      |
|     |          |       |      |
|     | 1        |       |      |
|     |          |       |      |
|     | 2        |       |      |
|     |          |       |      |
|     | За       |       |      |
|     |          |       |      |
|     | 3b       |       |      |
|     |          |       |      |
|     | 3с       |       |      |
|     | 4-       |       |      |
|     | 4a       |       |      |
|     |          |       |      |
|     | 4b       |       |      |
|     |          |       |      |
|     | 4c       |       |      |
|     |          |       |      |
|     | 5a       |       |      |
|     | - Gu     |       |      |
|     | 5b       |       |      |
|     | 5c       |       |      |
|     |          |       |      |
|     | 6        |       |      |
|     |          |       |      |
|     | 7        |       |      |
|     |          |       |      |
|     | 8        |       |      |
|     |          |       |      |
|     | 9a       |       |      |
|     | OL.      |       |      |
|     | 9b       |       |      |
|     | 9с       |       |      |
|     |          |       |      |
|     | 10a      |       |      |
|     |          |       |      |
|     | 10b      |       |      |
| n 0 | 90 or 99 | ∩_E7\ | 2014 |

| Par  | t IV        | Supporting Organizations (continued)  |          |     |     |
|------|-------------|---|----------|-----|-----|
|      |             |   |          | Yes | No  |
| 11   | Has th      | e organization accepted a gift or contribution from any of the following persons?   |          |     |     |
| а    | A pers      | on who directly or indirectly controls, either alone or together with persons described in (b) and (c)                      |          |     |     |
|      | below,      | the governing body of a supported organization?   | 11a      |     |     |
| b    | A fami      | y member of a person described in (a) above?  | 11b      |     |     |
| С    | A 35%       | controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.             | 11c      |     |     |
| Sect | tion B      | . Type I Supporting Organizations   |          |     |     |
|      |             |   |          | Yes | No  |
| 1    | Did the     | e directors, trustees, or membership of one or more supported organizations have the power to                               |          |     |     |
|      | regulai     | ly appoint or elect at least a majority of the organization's directors or trustees at all times during the                 |          |     |     |
|      | -           | ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                     |          |     |     |
|      |             | lled the organization's activities. If the organization had more than one supported organization,                           |          |     |     |
|      |             | be how the powers to appoint and/or remove directors or trustees were allocated among the supported                         |          |     |     |
|      |             | zations and what conditions or restrictions, if any, applied to such powers during the tax year.                            | 1        |     |     |
| 2    |             | e organization operate for the benefit of any supported organization other than the supported                               |          |     |     |
| _    |             | zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                        |          |     |     |
|      |             | how providing such benefit carried out the purposes of the supported organization(s) that operated,                         |          |     |     |
|      |             | ised, or controlled the supporting organization.  | 2        |     |     |
| Sec  |             | c. Type II Supporting Organizations   |          |     |     |
| -    |             | Type it supporting organizations  |          | Yes | No  |
| 1    | Wara s      | a majority of the organization's directors or trustees during the tax year also a majority of the directors                 |          | 103 | 140 |
| •    |             | tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                      |          |     |     |
|      |             | nagement of the supporting organization was vested in the same persons that controlled or managed                           |          |     |     |
|      |             | · · · · · · · · · · · · · · · · · · ·   | 1        |     |     |
| Saci |             | oported organization(s).  Type III Supporting Organizations   |          |     |     |
| 360  | LIOII D     | . Type III Supporting Organizations   |          | Yes | No  |
| _    | D: al 4la 4 |   |          | res | NO  |
| 1    |             | e organization provide to each of its supported organizations, by the last day of the fifth month of the                    |          |     |     |
|      |             | zation's tax year, (1) a written notice describing the type and amount of support provided during the prior tax             |          |     |     |
|      |             | 2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the                | 4        |     |     |
| •    |             | zation's governing documents in effect on the date of notification, to the extent not previously provided?                  | 1        |     |     |
| 2    |             | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                 |          |     |     |
|      | _           | zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                | _        |     |     |
| _    | -           | ganization maintained a close and continuous working relationship with the supported organization(s).                       | 2        |     |     |
| 3    |             | son of the relationship described in (2), did the organization's supported organizations have a                             |          |     |     |
|      | -           | cant voice in the organization's investment policies and in directing the use of the organization's                         |          |     |     |
|      |             | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                     |          |     |     |
|      |             | rted organizations played in this regard.   | 3        |     |     |
| Sec  |             | . Type III Functionally-Integrated Supporting Organizations   |          |     |     |
| 1    |             | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): |          |     |     |
| а    |             | The organization satisfied the Activities Test. Complete line 2 below.  |          |     |     |
| b    |             | The organization is the parent of each of its supported organizations. Complete line 3 below.                               |          |     |     |
| С    |             | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti      | ructions |     |     |
| 2    |             | es Test. Answer (a) and (b) below.  |          | Yes | No  |
| а    |             | bstantially all of the organization's activities during the tax year directly further the exempt purposes of                |          |     |     |
|      | the su      | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |          |     |     |
|      | those       | supported organizations and explain how these activities directly furthered their exempt purposes,                          |          |     |     |
|      | how th      | e organization was responsive to those supported organizations, and how the organization determined                         |          |     |     |
|      |             | ese activities constituted substantially all of its activities.   | 2a       |     |     |
| b    | Did the     | e activities described in (a) constitute activities that, but for the organization's involvement, one or more               |          |     |     |
|      | of the      | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                       |          |     |     |
|      | reason      | s for the organization's position that its supported organization(s) would have engaged in these                            |          |     |     |
|      |             | es but for the organization's involvement.  | 2b       |     |     |
| 3    | Parent      | of Supported Organizations. Answer (a) and (b) below.   |          |     |     |
|      |             | e organization have the power to regularly appoint or elect a majority of the officers, directors, or                       |          |     |     |
|      | trustee     | es of each of the supported organizations? Provide details in Part VI.  | За       |     |     |
| b    | Did the     | e organization exercise a substantial degree of direction over the policies, programs, and activities of each               |          |     |     |
|      | of its s    | upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                   | 3b       |     |     |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting  | g Orga    | anizations                   |                                |  |  |  |  |
|------|---|-----------|------------------------------|--------------------------------|--|--|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All |           |                              |                                |  |  |  |  |
|      | other Type III non-functionally integrated supporting organizations must complete Sections A through E.                       |           |                              |                                |  |  |  |  |
| Cont | ion A - Adjusted Net Income   |           | (A) Prior Voor               | (B) Current Year               |  |  |  |  |
| Seci | ion A - Adjusted Net Income   |           | (A) Prior Year               | (optional)                     |  |  |  |  |
| _1_  | Net short-term capital gain   | 1         |                              |                                |  |  |  |  |
| 2    | Recoveries of prior-year distributions  | 2         |                              |                                |  |  |  |  |
| 3    | Other gross income (see instructions)   | 3         |                              |                                |  |  |  |  |
| 4    | Add lines 1 through 3   | 4         |                              |                                |  |  |  |  |
| _5   | Depreciation and depletion  | 5         |                              |                                |  |  |  |  |
| 6    | Portion of operating expenses paid or incurred for production or  |           |                              |                                |  |  |  |  |
|      | collection of gross income or for management, conservation, or  |           |                              |                                |  |  |  |  |
|      | maintenance of property held for production of income (see instructions)  | 6         |                              |                                |  |  |  |  |
| 7    | Other expenses (see instructions)   | 7         |                              |                                |  |  |  |  |
| _8_  | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8         |                              |                                |  |  |  |  |
| Sect | ion B - Minimum Asset Amount  |           | (A) Prior Year               | (B) Current Year<br>(optional) |  |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |           |                              |                                |  |  |  |  |
|      | instructions for short tax year or assets held for part of year):   |           |                              |                                |  |  |  |  |
| a    | Average monthly value of securities   | 1a        |                              |                                |  |  |  |  |
| b    | Average monthly cash balances   | 1b        |                              |                                |  |  |  |  |
| c    | Fair market value of other non-exempt-use assets  | 1c        |                              |                                |  |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d        |                              |                                |  |  |  |  |
| е    | Discount claimed for blockage or other  |           |                              |                                |  |  |  |  |
|      | factors (explain in detail in <b>Part VI</b> ):   |           |                              |                                |  |  |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2         |                              |                                |  |  |  |  |
| _3_  | Subtract line 2 from line 1d  | 3         |                              |                                |  |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |           |                              |                                |  |  |  |  |
|      | see instructions).  | 4         |                              |                                |  |  |  |  |
| _5_  | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5         |                              |                                |  |  |  |  |
| _6   | Multiply line 5 by .035   | 6         |                              |                                |  |  |  |  |
| _7_  | Recoveries of prior-year distributions  | 7         |                              |                                |  |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8         |                              |                                |  |  |  |  |
| Sect | ion C - Distributable Amount  |           |                              | Current Year                   |  |  |  |  |
| _1_  | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1         |                              |                                |  |  |  |  |
| 2    | Enter 85% of line 1   | 2         |                              |                                |  |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3         |                              |                                |  |  |  |  |
| 4    | Enter greater of line 2 or line 3   | 4         |                              |                                |  |  |  |  |
| 5    | Income tax imposed in prior year  | 5         |                              |                                |  |  |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |           |                              |                                |  |  |  |  |
|      | emergency temporary reduction (see instructions)  | 6         |                              |                                |  |  |  |  |
| 7    | Check here if the current year is the organization's first as a non-functionall   | y-integra | ated Type III supporting org | ganization (see                |  |  |  |  |
|      | instructions).  |           |                              |                                |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2014

| Par      | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |         |                               |                    |                 |  |  |  |
|----------|--|---------|-------------------------------|--------------------|-----------------|--|--|--|
| Secti    | tion D - Distributions   |         |                               | ,                  | Current Year    |  |  |  |
| 1        | Amounts paid to supported organizations to accompl   |         |                               |                    |                 |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers                                    |         |                               |                    |                 |  |  |  |
|          | organizations, in excess of income from activity   |         |                               |                    |                 |  |  |  |
| 3        | Administrative expenses paid to accomplish exempt p  | ourpos  | es of supported organizatior  | ns                 |                 |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets  |         |                               |                    |                 |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval requir                                     | ed)     |                               |                    |                 |  |  |  |
| 6        | Other distributions (describe in Part VI). See instruction                                 | ns.     |                               |                    |                 |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6.   |         |                               |                    |                 |  |  |  |
| 8        | Distributions to attentive supported organizations to v                                    | vhich t | he organization is responsive | е                  |                 |  |  |  |
|          | (provide details in <b>Part VI</b> ). See instructions.                                    |         |                               |                    |                 |  |  |  |
| 9        | Distributable amount for 2014 from Section C, line 6                                       |         |                               |                    |                 |  |  |  |
| 10       | Line 8 amount divided by Line 9 amount   |         | Γ                             | Г                  |                 |  |  |  |
|          |  |         | (i)                           | (ii)               | (iii)           |  |  |  |
| Secti    | tion E - Distribution Allocations (see instructions)                                       |         | Excess Distributions          | Underdistributions | Distributable   |  |  |  |
|          |  |         |                               | Pre-2014           | Amount for 2014 |  |  |  |
| 1_       | Distributable amount for 2014 from Section C, line 6                                       |         |                               |                    |                 |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2014  |         |                               |                    |                 |  |  |  |
|          | (reasonable cause required-see instructions)   |         |                               |                    |                 |  |  |  |
| 3        | Excess distributions carryover, if any, to 2014:   |         |                               |                    |                 |  |  |  |
| <u>a</u> |  |         |                               |                    |                 |  |  |  |
| <u>b</u> |  |         |                               |                    |                 |  |  |  |
| C        |  |         |                               |                    |                 |  |  |  |
| <u>d</u> | From 2013  |         |                               |                    |                 |  |  |  |
|          | Total of lines 3a through e  |         |                               |                    |                 |  |  |  |
|          | Applied to underdistributions of prior years   |         |                               |                    |                 |  |  |  |
|          | Applied to underdistributions of phoryears  Applied to 2014 distributable amount           |         |                               |                    |                 |  |  |  |
|          |  |         |                               |                    |                 |  |  |  |
| ÷        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |         |                               |                    |                 |  |  |  |
| 4        | Distributions for 2014 from Section D,   |         |                               |                    |                 |  |  |  |
|          | line 7: \$   |         |                               |                    |                 |  |  |  |
| a        | Applied to underdistributions of prior years   |         |                               |                    |                 |  |  |  |
|          | Applied to 2014 distributable amount   |         |                               |                    |                 |  |  |  |
|          | Remainder. Subtract lines 4a and 4b from 4.  |         |                               |                    |                 |  |  |  |
| 5        | Remaining underdistributions for years prior to 2014,                                      | if      |                               |                    |                 |  |  |  |
|          | any. Subtract lines 3g and 4a from line 2 (if amount                                       |         |                               |                    |                 |  |  |  |
|          | greater than zero, see instructions).  |         |                               |                    |                 |  |  |  |
| 6        | Remaining underdistributions for 2014. Subtract lines                                      | 3h      |                               |                    |                 |  |  |  |
|          | and 4b from line 1 (if amount greater than zero, see                                       |         |                               |                    |                 |  |  |  |
|          | instructions).   |         |                               |                    |                 |  |  |  |
| 7        | Excess distributions carryover to 2015. Add lines 3  |         |                               |                    |                 |  |  |  |
|          | and 4c.  |         |                               |                    |                 |  |  |  |
| 8        | Breakdown of line 7:   |         |                               |                    |                 |  |  |  |
| а        |  |         |                               |                    |                 |  |  |  |
| b        |  |         |                               |                    |                 |  |  |  |
| С        |  |         |                               |                    |                 |  |  |  |
| d        | Excess from 2013   |         |                               |                    |                 |  |  |  |
| _        | Excess from 2014   |         |                               |                    |                 |  |  |  |

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047 **2014** 

Name of the organization

**Employer identification number** 

WICHITA SYMPHONY SOCIETY, INC

48-0671518

| Organization type (check or   | ne):  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Filers of:  | Section:  |  |  |  |  |  |  |
| Form 990 or 990-EZ  | $\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization   |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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  |  |  |  |  |  |  |
|   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |  |  |
| General Rule  |   |  |  |  |  |  |  |
|   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |  |
| sections 509(a)(1) a<br>any one contributo  | For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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. |  |  |  |  |  |  |
| year, total contribu  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$ |   |  |  |  |  |  |  |
| but it <b>must</b> answer "No" on   | at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |  |  |  |  |  |  |

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) (2014)

Name of organization Employer identification number

#### WICHITA SYMPHONY SOCIETY, INC 48-0671518

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 1          | Name, audiess, and Zir + +  | \$ 17,063.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 2          |   | \$ <u>15,000</u> .         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 3          |   | \$                         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 5          |   | \$10,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 6          |   | \$19,173.                  | Person X Payroll   |

Name of organization Employer identification number

### WICHITA SYMPHONY SOCIETY, INC

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |                             |
|------------|---|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution    |
| 7          |   | \$12,000.                  | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution |
| 8          |   | \$\$7,834.                 | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution    |
| 9          |   | \$6,000.                   | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution    |
| 10         |   | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution    |
| 11         |   | \$ <u>125,000</u> .        | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution |
| 12         |   | \$5,000.                   | Person X Payroll            |

Name of organization Employer identification number

# 48-0671518 WICHITA SYMPHONY SOCIETY, INC

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |                             |
|------------|--|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 13         |  | \$                         | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 14         |  | \$15,000.                  | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 15         |  | \$ 60,000.                 | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 16         |  | \$                         | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution    |
| 17         |  | \$5,000.                   | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 18         |  | \$5,000.                   | Person X Payroll            |

Name of organization Employer identification number

### WICHITA SYMPHONY SOCIETY, INC

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 19         |   | \$5,000.                   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 20         |   | \$5,000.                   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 21         |   | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 22         |   | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 23         |   | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 24         |   | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

| WTCHTTA | SYMPHONY | SOCIETY. | TNC |  |
|---------|----------|----------|-----|--|

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |
|------------|--|----------------------------|---|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 25         |  | \$\$                       | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 26         |  | \$5,000.                   | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |
| 27         | Nume, address, and Zir + 4   | \$5,000.                   | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |
| 28         | Name, address, and ZIF + 4   | \$ 10,000.                 | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 29         |  | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 30         |  | \$5,000.                   | Person X Payroll  |  |

Name of organization Employer identification number

### WICHITA SYMPHONY SOCIETY, INC

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional   | ıl space is needed.        |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 31         |   | \$ 7,000.                  | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 32         |   | \$\$                       | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 33         |   | \$10,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 34         | - Training duding to the state of the state | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 35         |   | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 36         |   | \$                         | Person X Payroll  |

Name of organization Employer identification number

| WICHI'     | TA SYMPHONY SOCIETY, INC   |                           | 48-0671518   |
|------------|--|---------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi | onal space is needed.     |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 37         |  | _<br>_ \$5,00             | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 38         |  | _<br>_ \$5,00             | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 39         |  | \$5,00<br>                | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 40         |  | \$5,00                    | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 41         |  | _                         | Person X Payroll   |

noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 42 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) 423452 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Noncash (Complete Part II for

4,969.

Name of organization Employer identification number

| WICHITA | SYMPHONY | SOCIETY. | INC |
|---------|----------|----------|-----|

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |
|------------|--|----------------------------|---|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 43         |  | \$14,000.                  | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 44         |  | \$10,000 <b>.</b>          | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |
| 45         | Nume, address, and En T  | \$5,000.                   | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |
| 46         | Name, address, and ZIP + 4   | \$5,000.                   | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |
| 47         |  | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 48         |  | \$5,000.                   | Person X Payroll  |  |

Name of organization Employer identification number
WICHITA SYMPHONY SOCIETY, INC 48-0671518

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. |  |
|------------|--|-----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d) Type of contribution   |
| 49         |  | \$\$                        | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
|            |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions     | (d)<br>Type of contribution  |
|            |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions     | (d)<br>Type of contribution  |
|            |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions     | (d)<br>Type of contribution  |
|            |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
|            |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.) |

### WICHITA SYMPHONY SOCIETY, INC

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |  |                             |  |  |
|------------------------------|---|--|-----------------------------|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received        |  |  |
|                              |   | _  |                             |  |  |
|                              |   | <u> </u>                                       |                             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received        |  |  |
|                              |   | _  |                             |  |  |
|                              |   | <u> </u>                                       |                             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received        |  |  |
|                              |   |  |                             |  |  |
|                              |   | <u> </u>                                       |                             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received        |  |  |
|                              |   | _  |                             |  |  |
|                              |   | <u> </u>                                       |                             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received        |  |  |
|                              |   | _  |                             |  |  |
|                              |   | <u> </u>                                       |                             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |  |  |
|                              |   | _  |                             |  |  |
|                              |   |  |                             |  |  |
| 100150 11 05                 |   | Cohodulo D /Form                               | 990 990-E7 or 990-PE\ /2014 |  |  |

| Name of orga    | anization   |  |                      | Employer identification nu                         | ımber     |  |
|-----------------|---|--|----------------------|--|-----------|--|
| <b>WT</b> СНТТ  | A SYMPHONY SOCIETY, IN  | <b>C</b>                                     |                      | 48-0671518   |           |  |
| Part III        | Exclusively religious, charitable, etc., cont<br>the year from any one contributor. Complete of | ributions to organizations descri            | oed in section 5     | 01(c)(7), (8), or (10) that total more than \$     | 1,000 for |  |
|                 | completing Part III, enter the total of exclusively religious                                   | s, charitable, etc., contributions of \$1,00 | 0 or less for the ye | y. For organizations  ar. (Enter this info. once.) |           |  |
| (a) No.         | Use duplicate copies of Part III if addition  | al space is needed.                          |                      |  |           |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                              |                      | (d) Description of how gift is hel                 | ld        |  |
|                 |   |  |                      |  |           |  |
|                 |   |  |                      |  |           |  |
|                 |   |  | -                    |  |           |  |
|                 |   | (e) Transfer of                              | gift                 |  |           |  |
|                 |   |  |                      |  |           |  |
| -               | Transferee's name, address, ar  | nd ZIP + 4                                   | Relat                | ionship of transferor to transferee                |           |  |
|                 |   |  |                      |  |           |  |
|                 |   |  |                      |  |           |  |
| (a) No.<br>from |   |  |                      |  |           |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                              |                      | (d) Description of how gift is hel                 | ld        |  |
|                 |   |  |                      |  |           |  |
|                 |   |  | -                    |  |           |  |
|                 |   |  |                      |  |           |  |
|                 | (e) Transfer of gift  |  |                      |  |           |  |
|                 | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                |  |                      |  |           |  |
|                 | Transieree 3 flame, address, ar   | IU ZIF T T                                   | neiai                |  |           |  |
|                 |   |  |                      |  |           |  |
|                 |   |  |                      |  |           |  |
| (a) No.<br>from | (h) Promono of wift   | (a) Han of with                              |                      | (d) Decembring of how wife in heal                 | 14        |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift                              |                      | (d) Description of how gift is hel                 | ıa        |  |
|                 |   |  | -                    |  |           |  |
|                 |   |  |                      |  |           |  |
| _               |   |  |                      |  |           |  |
|                 |   | (e) Transfer of                              | gift                 |  |           |  |
|                 | Transferee's name, address, ar  | nd ZIP + 4                                   | Relat                | ionship of transferor to transferee                |           |  |
|                 |   |  |                      |  |           |  |
|                 |   | <del></del>                                  |                      |  |           |  |
|                 |   |  |                      |  |           |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift                              |                      | (d) Description of how gift is hel                 | ld        |  |
| Part I          |   |  |                      |  |           |  |
|                 |   |  |                      |  |           |  |
|                 |   |  | _                    |  |           |  |
|                 |   | (e) Transfer of                              | <br>aift             |  |           |  |
|                 |   | (2)  | <b>-</b>             |  |           |  |
|                 | Transferee's name, address, ar  | nd ZIP + 4                                   | Relat                | ionship 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.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

WICHITA SYMPHONY SOCIETY, INC

**Employer identification number** 48-0671518

| Pai | t I Organizations Maintaining Donor Advised  | Funds or Other Similar Funds o               | r Accounts. Complete if the                 |
|-----|--|--|---|
|     | organization answered "Yes" to Form 990, Part IV, line 6   | S.   |   |
|     |  | (a) Donor advised funds                      | (b) Funds and other accounts                |
| 1   | Total number at end of year  |  |   |
| 2   | Aggregate value of contributions to (during year)  |  |   |
| 3   | Aggregate value of grants from (during year)   |  |   |
| 4   | Aggregate value at end of year   |  |   |
| 5   | Did the organization inform all donors and donor advisors in wri   | iting that the assets held in donor advised  | funds                                       |
|     | are the organization's property, subject to the organization's ex  | -  |   |
| 6   | Did the organization inform all grantees, donors, and donor adv  |  |   |
|     | for charitable purposes and not for the benefit of the donor or o  |  |   |
|     |  |  |   |
| Pai |  |  |   |
| 1   | Purpose(s) of conservation easements held by the organization  | (check all that apply).                      |   |
|     | Preservation of land for public use (e.g., recreation or edu   |  | cally important land area                   |
|     | Protection of natural habitat  | Preservation of a certifie                   |   |
|     | Preservation of open space   |  |   |
| 2   | Complete lines 2a through 2d if the organization held a qualified  | d 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             |
| а   | Total number of conservation easements   |  | 2a  |
| b   |  |  | a.  |
| С   | Number of conservation easements on a certified historic struc   |  | ***   |
| d   | Number of conservation easements included in (c) acquired aft  |  |   |
|     | listed in the National Register  |  | 1   |
| 3   | Number of conservation easements modified, transferred, relea  |  |   |
|     | year >   |  |   |
| 4   | Number of states where property subject to conservation ease   | ment is located                              |   |
| 5   | Does the organization have a written policy regarding the period   |  |   |
|     | violations, and enforcement of the conservation easements it h   |  | Yes No                                      |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, ar  |  |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, and en  |  |   |
| 8   | Does each conservation easement reported on line 2(d) above  |  |   |
|     | and section 170(h)(4)(B)(ii)?  |  | Yes No                                      |
| 9   | In Part XIII, describe how the organization reports conservation   | easements in its revenue and expense st      | atement, and balance sheet, and             |
|     | include, if applicable, the text of the footnote to the organization   | n's financial statements that describes the  | e organization's accounting for             |
|     | conservation easements.  |  |   |
| Pai | t III Organizations Maintaining Collections of A   | Art, Historical Treasures, or Oth            | er Similar Assets.                          |
|     | Complete if the organization answered "Yes" to Form 99   | 90, Part IV, line 8.                         |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC  | 958), not to report in its revenue statemer  | nt and balance sheet works of art,          |
|     | historical treasures, or other similar assets held for public exhib  | ition, education, or research in furtherance | e of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describe   | es these items.                              |   |
| b   | If the organization elected, as permitted under SFAS 116 (ASC  | 958), to report in its revenue statement ar  | nd balance sheet works of art, historical   |
|     | treasures, or other similar assets held for public exhibition, education, edu | cation, or research in furtherance of public | service, provide the following amounts      |
|     | relating to these items:   |  |   |
|     | (i) Revenue included in Form 990, Part VIII, line 1  |  | • \$  |
|     |  |  |   |
| 2   | If the organization received or held works of art, historical treas  |  |   |
|     | the following amounts required to be reported under SFAS 116   | (ASC 958) relating to these items:           |   |
| а   | Revenue included in Form 990, Part VIII, line 1  |  | • \$  |
| b   | Assets included in Form 990, Part X  |  |   |

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

Schedule D (Form 990) 2014

|          | <u> </u>   | SYMPHONY               |  |                      |              |         | <u>48-06</u>    |            |         | ıge <b>2</b> |  |  |  |
|----------|--|------------------------|--|----------------------|--------------|---------|-----------------|------------|---------|--------------|--|--|--|
| Par      | t III   Organizations Maintaining C  |                        |  |                      |              |         |                 |            |         |              |  |  |  |
| 3        | Using the organization's acquisition, accessi  | on, and other record   | s, check any of the                              | following that are a | signit       | ficant  | use of its      | collection | n items | 3            |  |  |  |
|          | (check all that apply):  |                        |  |                      |              |         |                 |            |         |              |  |  |  |
| а        | Public exhibition  | d                      | Loan or exc                                      | hange programs       |              |         |                 |            |         |              |  |  |  |
| b        | Scholarly research   | е                      | Other  |                      |              |         |                 |            |         |              |  |  |  |
| С        | Preservation for future generations  |                        |  |                      |              |         |                 |            |         |              |  |  |  |
| 4        | Provide a description of the organization's co   | ollections and explain | n how they further t                             | he organization's ex | empt         | purpo   | ose in Par      | t XIII.    |         |              |  |  |  |
| 5        | During the year, did the organization solicit o  |                        |  |                      |              |         | _               | _          |         | ,            |  |  |  |
|          | to be sold to raise funds rather than to be ma   |                        |  |                      |              |         |                 | Yes        |         | No           |  |  |  |
| Par      | t IV Escrow and Custodial Arran  |                        | te if the organizatio                            | n answered "Yes" to  | o Fori       | m 990   | , Part IV, I    | ine 9, or  |         |              |  |  |  |
|          | reported an amount on Form 990, Par  |                        |  |                      |              |         |                 |            |         |              |  |  |  |
| 1a       | Is the organization an agent, trustee, custodi   |                        | •  |                      |              |         |                 | 7          | _       | 1            |  |  |  |
|          | on Form 990, Part X?   |                        |  |                      |              |         | L               | Yes        |         | No           |  |  |  |
| b        | If "Yes," explain the arrangement in Part XIII   | and complete the fol   | lowing table:                                    |                      | -            |         |                 |            |         |              |  |  |  |
|          | Amount   |                        |  |                      |              |         |                 |            |         |              |  |  |  |
|          | Beginning balance  |                        |  |                      | г            | 1c      |                 |            |         |              |  |  |  |
|          | Additions during the year  |                        |  |                      |              | 1d      |                 |            |         |              |  |  |  |
| е        | Distributions during the year  |                        |  |                      |              | 1e      |                 |            |         |              |  |  |  |
| f        | Ending balance   |                        |  |                      | L            | 1f      |                 | 1          |         |              |  |  |  |
|          | Did the organization include an amount on Fo   |                        |  |                      | -            |         | L               | Yes        | 늗       | No           |  |  |  |
|          | If "Yes," explain the arrangement in Part XIII.  |                        |  |                      |              |         |                 |            |         | <u> </u>     |  |  |  |
| Par      | t V Endowment Funds. Complete in   |                        |  |                      |              |         |                 |            |         |              |  |  |  |
|          |  | (a) Current year       | (b) Prior year                                   | (c) Two years back   |              |         |                 |            |         |              |  |  |  |
|          | Beginning of year balance  | 5,245,146.             | 4,627,024.                                       | 4,026,633.           | _            |         | 41,367.         | 2,         | ,728,   |              |  |  |  |
|          | Contributions  | 9,035.                 | 4,820.   |                      | +            |         | 86,638.         |            |         | 202.         |  |  |  |
|          | Net investment earnings, gains, and losses   | 138,839.               | 767,433.   | 419,001.             | +            |         | 42,028.         |            | 581,    | 107.         |  |  |  |
|          | Grants or scholarships   |                        |  |                      | -            |         |                 |            |         |              |  |  |  |
| е        | Other expenditures for facilities  | 100 003                | 152 564  | 40 410               |              |         | 42 400          |            | 211     | 010          |  |  |  |
|          | and programs   | -199,093.              | -153,764.  | -40,412.             | <del>\</del> | -1      | 43,400.         | -          | -311,   | 810.         |  |  |  |
|          | Administrative expenses  | F 102 027              | -367.  | 4 627 024            |              | 4 0     | 26 622          | 2          | 0.41    | 267          |  |  |  |
| g        | End of year balance  | 5,193,927.             | 5,245,146.                                       |                      | •            | 4,0     | 26,633.         | 3 ,        | ,041,   | 367.         |  |  |  |
| 2        | Provide the estimated percentage of the curr   |                        |  | a)) held as:         |              |         |                 |            |         |              |  |  |  |
|          | Board designated or quasi-endowment  | 26.04                  | _%   |                      |              |         |                 |            |         |              |  |  |  |
|          | Permanent endowment  73.90   | <sup>%</sup>           |  |                      |              |         |                 |            |         |              |  |  |  |
| С        | Temporarily restricted endowment   |                        |  |                      |              |         |                 |            |         |              |  |  |  |
| 0-       | The percentages in lines 2a, 2b, and 2c should be a sh | •                      |  |                      | 41           |         |                 |            |         |              |  |  |  |
| за       | Are there endowment funds not in the posse   | ssion of the organiza  | ation that are held a                            | na administered for  | tne c        | organiz | zation          | Г          | V       | <u> </u>     |  |  |  |
|          | by:  |                        |  |                      |              |         |                 |            | Yes     | No<br>X      |  |  |  |
|          | <ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>   |                        |  |                      |              |         |                 | 3a(i)      |         | X            |  |  |  |
| <b>b</b> | If "Yes" to 3a(ii), are the related organizations  | liated as required a   |  |                      |              |         |                 | 3a(ii)     |         |              |  |  |  |
| 4        | Describe in Part XIII the intended uses of the   |                        |  |                      |              |         |                 | 3b         |         |              |  |  |  |
| Par      |  |                        | willetti turius.                                 |                      |              |         |                 |            |         |              |  |  |  |
| ı uı     | Complete if the organization answered  |                        | Part IV line 11a S                               | ee Form 990 Part X   | ' line       | 10      |                 |            |         |              |  |  |  |
|          | Description of property  | (a) Cost or of         | i i  | i                    |              | mulate  | 2d              | (d) Book   | - Value |              |  |  |  |
|          | Description of property  | basis (investr         | ' '  |                      |              | iation  |                 | (u) Boor   | value   | ,            |  |  |  |
| 12       | Land   | <del>- '</del>         | ,  | () ui                | _,,,,,       |         |                 |            |         |              |  |  |  |
|          | Land Buildings   |                        |  |                      |              |         |                 |            |         |              |  |  |  |
|          | Leasehold improvements   |                        |  |                      |              |         | <del>-  -</del> |            |         |              |  |  |  |
|          | Equipment  |                        | 15   | 5,198.               | 15           | 1,8     | 43.             | •          | 3,3     | 55.          |  |  |  |
|          | Other  |                        | <del>                                     </del> | -,                   |              | , ,     | - 1             |            |         |              |  |  |  |
|          | . Add lines 1a through 1e. (Column (d) must e  |                        | X, column (B), line 1                            | 0c.)                 |              |         | ightharpoonup   |            | 3,3!    | 55.          |  |  |  |

3,355. Schedule D (Form 990) 2014

| Schedule D (Form 990) 2014 WICHITA SYMI                              | PHONY SOCIET               | TY, INC                  | 48-0671518 Page                          |
|--|----------------------------|--------------------------|--|
| Part VII Investments - Other Securities.                             |                            |                          |  |
| Complete if the organization answered "Yes" t                        | to Form 990, Part IV, lir  | ne 11b. See Form 990, Pa | art X, line 12.                          |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of val        | uation: 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)  |                            |                          |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)      |                            |                          |  |
| Part VIII Investments - Program Related.                             |                            |                          |  |
| Complete if the organization answered "Yes" t                        | to Form 990. Part IV. lir  | ne 11c. See Form 990. Pa | ırt X. line 13.                          |
| (a) Description of investment  | (b) Book value             |                          | uation: Cost or end-of-year market value |
| (1)  |                            |                          | ·  |
| (2)  |                            |                          |  |
| (3)  |                            |                          |  |
| (4)  |                            |                          |  |
| (5)  |                            |                          |  |
| (6)  |                            |                          |  |
| (7)  |                            |                          |  |
| (8)  |                            |                          |  |
| (9)  |                            |                          |  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)      |                            |                          |  |
| Part IX Other Assets.  |                            |                          |  |
| Complete if the organization answered "Yes" t                        | to Form 990. Part IV. lir  | ne 11d. See Form 990. Pa | art X. line 15.                          |
|  | Description                |                          | (b) Book value                           |
| (1)  |                            |                          | .,                                       |
| (1)  |                            |                          |  |
| (3)  |                            |                          |  |
| (4)  |                            |                          |  |
| (5)  |                            |                          |  |
| (6)  |                            |                          |  |
| (7)  |                            |                          |  |
| (8)  |                            |                          |  |
| (9)  |                            |                          |  |
| তিtal. (Column (b) must equal Form 990, Part X, col. (B) line        | 15)                        |                          |  |
| Part X Other Liabilities.  | : 15.)                     |                          |  |
| Complete if the organization answered "Yes" t                        | to Form 990 Part IV lin    | on 110 or 11f Son Form 0 | 100 Part V line 25                       |
| (a) December of lightlife.   | .0 F0111 990, Part IV, III | (b) Book value           | 90, Fait A, III le 25.                   |
| . , , ,  |                            | (b) Book value           |  |
| (1) Federal income taxes   |                            |                          |  |
| (2)  |                            |                          |  |
| (3)  |                            |                          |  |
| (4)  |                            |                          |  |
| (5)  |                            |                          |  |
| (6)  |                            |                          |  |
| (7)  |                            |                          |  |
| (8)  |                            |                          |  |

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) 2014

| <u>Sc</u> he | edule D (Form 990) 2014 WICHITA SYMPHONY SOCIETY  | , INC      |                | <u>48</u> -0 | )671518 <sub>Page</sub> 4 |
|--------------|---|------------|----------------|--------------|---------------------------|
| Pa           | rt XI Reconciliation of Revenue per Audited Financial State   | ments With |                |              |                           |
|              | Complete if the organization answered "Yes" to Form 990, Part IV, line 1  | 2a.        |                |              |                           |
| 1            | Total revenue, gains, and other support per audited financial statements  |            |                | 1            | 2,316,780.                |
| 2            | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |            |                |              |                           |
| а            | Net unrealized gains (losses) on investments  |            | -290,885.      |              |                           |
| b            | Donated services and use of facilities  | 2b         |                |              |                           |
| С            | 1 7 0   |            |                |              |                           |
|              | Other (Describe in Part XIII.)  | 2d         |                |              | 000 005                   |
| е            | J   |            |                | 2e           | -290,885                  |
| 3            | Subtract line 2e from line 1  |            |                | 3            | 2,607,665.                |
| 4            | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 1 1        |                |              |                           |
| а            | , , , ,   |            |                |              |                           |
| b            | Other (Describe in Part XIII.)  | 4b         |                |              | •                         |
| С            | Add lines <b>4a</b> and <b>4b</b>   |            |                | 4c           | 0.607.665                 |
| 5            | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |            |                | 5            | 2,607,665.                |
| Ра           | rt XII Reconciliation of Expenses per Audited Financial State   |            | n Expenses per | Retu         | rn.                       |
|              | Complete if the organization answered "Yes" to Form 990, Part IV, line 1.   |            |                |              | 0 262 000                 |
| 1            | Total expenses and losses per audited financial statements  |            |                | 1            | 2,363,080.                |
| 2            | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1        |                |              |                           |
| а            | Donated services and use of facilities  | 2a         |                |              |                           |
| b            | ,   |            |                |              |                           |
| С            |   |            |                |              |                           |
|              | Other (Describe in Part XIII.)  |            |                |              | •                         |
| е            | J   |            |                | 2e           | 0.                        |
| 3            | Subtract line 2e from line 1  |            |                | 3            | 2,363,080.                |
| 4            | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |            |                |              |                           |
|              | Investment expenses not included on Form 990, Part VIII, line 7b  |            |                |              |                           |
| b            | Other (Describe in Part XIII.)  | 4b         |                |              | •                         |
| С            | Add lines <b>4a</b> and <b>4b</b>   |            |                | 4c           | 0.                        |
| 5            | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  |            |                | 5            | 2,363,080.                |
|              | rt XIII Supplemental Information.   |            |                |              |                           |
|              | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | •          |                | 4; Part      | X, line 2; Part XI,       |
|              |   |            |                |              |                           |
|              |   |            |                |              |                           |
|              |   |            |                |              |                           |
|              |   |            |                |              |                           |
|              |   |            |                |              |                           |
|              |   |            |                |              |                           |

# **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Inspection

OMB No. 1545-0047

Name of the organization

CVMDHOMY COCTEMY

Employer identification number

| WICHITA SYMPHONY SOCIETY, INC  | 48-0671518                        |
|--|-----------------------------------|
| FORM 990, PART VI, SECTION A, LINE 4:  |                                   |
| THE SIGNIFICANT REVISION WAS THAT THE EXECUTIVE COMMITTEE                          |                                   |
| WITH FULL RESPONSIBILITY FOR DECISION MAKING CAST UPON TH                          | E FULL BOARD.                     |
| FORM 990, PART VI, SECTION B, LINE 11:   |                                   |
| A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFOR                          |                                   |
| FORM 990, PART VI, SECTION B, LINE 12C:  |                                   |
| OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DIS                          | CLOSE ANNUALLY                    |
| INTERESTS THAT COULD GIVE RISE TO CONFLICTS.                                       |                                   |
| FORM 990, PART VI, SECTION B, LINE 15:   |                                   |
| THE EXECUTIVE DIRECTOR IS EVALUATED ON AN ANNUAL BASIS.                            |                                   |
| FORM 990, PART VI, SECTION C, LINE 19:   |                                   |
| PROVIDED UPON REQUEST.   |                                   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:   |                                   |
| GUEST ARTIST FEES:   |                                   |
| PROGRAM SERVICE EXPENSES   | 222,250.                          |
| MANAGEMENT AND GENERAL EXPENSES  | 0.                                |
| FUNDRAISING EXPENSES   | 0.                                |
| TOTAL EXPENSES   | 222,250.                          |
| SECURITY:  |                                   |
| PROGRAM SERVICE EXPENSES   | 3,102.                            |
| LHA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7 | ule O (Form 990 or 990-F7) (2014) |

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

Schedule O (Form 990 or 990-EZ) (2014)

| Name of the organization WICHITA SYMPHONY SOCIETY, INC | Employer identification number 48-0671518 |
|--|---|
| MANAGEMENT AND GENERAL EXPENSES                        | 0.  |
| FUNDRAISING EXPENSES                                   | 0.  |
| TOTAL EXPENSES   | 3,102.                                    |
| RECORDING ENGINEER:                                    |   |
| PROGRAM SERVICE EXPENSES                               | 1,419.                                    |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.  |
| FUNDRAISING EXPENSES                                   | 0.  |
| TOTAL EXPENSES   | 1,419.                                    |
| CONDUCTOR EXPENSE:                                     |   |
| PROGRAM SERVICE EXPENSES                               | 117,734.                                  |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.  |
| FUNDRAISING EXPENSES                                   | 0.  |
| TOTAL EXPENSES   | 117,734.                                  |
| PROCESSING FEES:                                       |   |
| PROGRAM SERVICE EXPENSES                               | 72,786.                                   |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.  |
| FUNDRAISING EXPENSES                                   | 0.  |
| TOTAL EXPENSES   | 72,786.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 417,291.                                  |
|  |   |
|  |   |
|  |   |
|  |   |

#### 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.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization WICHITA SYMPHO   | NY SOCIETY, INC                      |  | ·                     |                          | Employer identific 48-06715 |                                   |
|---|--------------------------------------|--|-----------------------|--------------------------|-----------------------------|-----------------------------------|
| Part I Identification of Disregarded Entities Complete                          | if the organization answered "Yes"   | on Form 990, Part IV, line 33                | 3.                    |                          |                             |                                   |
| (a) Name, address, and EIN (if applicable) of disregarded entity                | <b>(b)</b><br>Primary activity       | (c) Legal domicile (state o foreign country) | r (d) Total incor     | (e)<br>ne End-of-year as | ssets Direct co             | <b>(f)</b><br>ontrolling<br>ntity |
|   |                                      |  |                       |                          |                             |                                   |
|   |                                      |  |                       |                          |                             |                                   |
|   |                                      |  |                       |                          |                             |                                   |
|   |                                      |  |                       |                          |                             |                                   |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | tions Complete if the organization a | nswered "Yes" on Form 990,                   | , Part IV, line 34 be | ecause it had one or r   | more related tax-exen       | npt                               |
| (a)   | (b)                                  | (c)  | (d)                   | (e)                      | (f)                         | (g)<br>Section 512(b)(13)         |

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | <b>(f)</b> Direct controlling entity | contr | g)<br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|-------|------------------------------------|
|  |                                |   |                               | 501(c)(3))                            |                                      | Yes   | No                                 |
| SYMPHONY MANAGEMENT, INC 48-0673776                |                                |   |                               |                                       |                                      |       |                                    |
| 225 W DOUGLAS, SUITE 207                           |                                |   |                               |                                       | WICHITA SYMPHONY                     |       |                                    |
| WICHITA, KS 67202                                  | ORCHESTRA MUSICIANS            | KANSAS  | 501(C)(3)                     | 509(A)(3)                             | SOCIETY, INC.                        |       | X                                  |
|  |                                |   |                               |                                       |                                      |       |                                    |
|  |                                |   |                               |                                       |                                      |       |                                    |
|  | 1                              |   |                               |                                       |                                      |       |                                    |
|  |                                |   |                               |                                       |                                      |       |                                    |
|  |                                |   |                               |                                       |                                      |       |                                    |
|  | _                              |   |                               |                                       |                                      |       |                                    |
|  |                                |   |                               |                                       |                                      |       |                                    |

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

Schedule R (Form 990) 2014

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

|  | thereinp daring the ta | x your.                                   |                           |  |                       |                                   |     |                      |  |                             |                         |
|--|------------------------|---|---------------------------|--|-----------------------|-----------------------------------|-----|----------------------|--|-----------------------------|-------------------------|
| (a)  | (b)                    | (c)                                       | (d)                       | (e)  | (f)                   | (g)                               | (1  | h)                   | (i)  | (j)                         | (k)                     |
| Name, address, and EIN of related organization | Primary activity       | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>ations? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | General of managin partner? | Percentage<br>ownership |
|  |                        | country)                                  |                           | sections 512-514)  |                       | 4,000,00                          | Yes | No                   | K-1 (Form 1065)  | Yes No                      | <u> </u>                |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             | <u> </u>                |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  | $\vdash$                    | <del> </del>            |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |
|  |                        |   |                           |  |                       |                                   |     |                      |  |                             |                         |

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

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

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

X

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| C Giff, grant, or capital contribution from related organization(s)  1   | b        | Gift, grant, or capital contribution to related organization(s)   |         |          |   | 1b         |       | X          |
|--|----------|---|---------|----------|---|------------|-------|------------|
| d Loans or loan guarantees to or for related organization(s)   | С        | Gift, grant, or capital contribution from related organization(s)   |         |          |   | 1c         |       | X          |
| E Loars or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assests to related organization(s)  h Purchase of assests from related organization(s)  p Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  i Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  i R k  k Lease of facilities, equipment, or other assets from related organization(s)  i R k  k Lease of facilities, equipment, or other assets from related organization(s)  i R k | d        | Loans or loan guarantees to or for related organization(s)  |         |          |   | 1d         |       |            |
| g Sale of assets to related organization(s) h Purchase of assets throm related organization(s)   Exchange of assets with related organization(s)   Lease of facilities, equipment, or other assets to related organization(s)   I Sale asset assets throm the sasets to related organization(s)   I Sale asset assets throm related organization(s)   I Sale asset asset assets to related organization(s)   I Sale asset asset assets to related organization(s)   I Sale asset asset assets to related organization(s)   I Performance of services or membership or fundraising solicitations by related organization(s)   I   | е        | Loans or loan guarantees by related organization(s)   |         |          |   | 1e         |       | X          |
| g Sale of assets to related organization(s) h Purchase of assets throm related organization(s)   Exchange of assets with related organization(s)   Lease of facilities, equipment, or other assets to related organization(s)   I Sale asset assets throm the sasets to related organization(s)   I Sale asset assets throm related organization(s)   I Sale asset asset assets to related organization(s)   I Sale asset asset assets to related organization(s)   I Sale asset asset assets to related organization(s)   I Performance of services or membership or fundraising solicitations by related organization(s)   I   | f        | Dividends from related organization(s)  |         |          |   | 1f         |       | X          |
| h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  it X  I Performance of services or membership or fundraising solicitations for related organization(s)  in X  I Performance of services or membership or fundraising solicitations by related organization(s)  in X  Sharing of facilities, equipment, an asset is from related organization(s)  in X  Performance of services or membership or fundraising solicitations by related organization(s)  in X  Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  q Reimbursement paid by related organization(s)  If X  If X  If X  If X  If X  If X  W  W  WICHITA SYMPHONY MANAGEMENT  P 633,163 CASH AMOUNT OF REIMBURSEMENTS  WICHITA SYMPHONY MANAGEMENT  P 633,163 CASH AMOUNT OF REIMBURSEMENTS   | a        | Sale of assets to related organization(s)   |         |          |   | _          |       |            |
| i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Naming of pald employees with related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Naming of pald employees with related organization(s) m Naming of pald employees with related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Naming of pald employees with related organization(s) m Naming organization(s) m Naming organization(s) m Naming organization |          |   |         |          |   |            |       |            |
| j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Name of paid employees with related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Name of paid employees with related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Name of related organization(s) for expenses  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Name of related organization(s) for expenses  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Name of related organization(s) for expenses  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Name of related organization(s) for expenses  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performance of services or membership or fundraising solicitations with related organization(s)  1 Performanc | i        | Exchange of assets with related organization(s)   |         |          |   |            |       |            |
| k Lease of facilities, equipment, or other assets from related organization(s)  I Performance of services or membership or fundraising solicitations for related organization(s)  III X  I Performance of services or membership or fundraising solicitations by related organization(s)  In X  In Sharing of facilities, equipment, malling lists, or other assets with related organization(s)  In X  I N X  I N I X   | i        |   |         |          |   |            |       |            |
| Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by a fund or solicitation by a fund or selected organization(s)  m Performance of services or membership or fundraising solicitations by a fund or selected organization(s)  m Performance of services or membership or fundraising solicitations by a fund or selected organization(s)  m Performance of services or membership or fundraising solicitations by a fund or selected organization(s)  m Performance of services or membership or fundraising solicitations for security at the selected organization(s)  m Performance or services or membership or fundraising solicitations for security at the selected organization(s)  m Performance of services or membership or selected organization(s)  m Performance or selected org | •        |   |         |          |   | , ,        |       |            |
| Performance of services or membership or fundrialsing solicitations for related organization(s)   1  | k        | Lease of facilities, equipment, or other assets from related organization(s)  |         |          |   | 1k         |       |            |
| m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  s Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  10   | - 1      | Performance of services or membership or fundraising solicitations for related organization(s   | s)      |          |   | 11         |       |            |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses to Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) to If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization (b) Transaction type (as)  WICHITA SYMPHONY MANAGEMENT  P 633,163. CASH AMOUNT OF REIMBURSEMENTS  2)  (b) Co Amount involved Method of determining amount involved  (c) Amount involved Method of determining amount involved Method of determining amount involved  (d) Method of REIMBURSEMENTS  | m        | n Performance of services or membership or fundraising solicitations by related organization(s  | s)      |          |   | 1m         |       |            |
| p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1  | n        | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |         |          |   | 1n         |       |            |
| p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses  | 0        | Sharing of paid employees with related organization(s)  |         |          |   | 10         |       | X          |
| q Reimbursement paid by related organization(s) for expenses   |          |   |         |          |   |            |       |            |
| r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  WICHITA SYMPHONY MANAGEMENT  P 633,163 CASH AMOUNT OF REIMBURSEMENTS  2)  3)  4)  (b)  Transaction Tra |          |   |         |          |   | <b>1</b> p | X     | <u> </u>   |
| s Other transfer of cash or property from related organization(s)  Is X  Is IX  Is II the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  Is IX  Is I | q        | Reimbursement paid by related organization(s) for expenses  |         |          |   | 1q         |       | X          |
| s Other transfer of cash or property from related organization(s)  Is X  Is IX  Is II the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  Is IX  Is I |          |   |         |          |   |            |       |            |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  (c)  Amount involved  Method of determining amount involved  Method of REIMBURSEMENTS  (a)  P  633,163.CASH AMOUNT OF REIMBURSEMENTS  (b)  Amount involved  Method of REIMBURSEMENTS  (c)  Amount involved  Method of REIMBURSEMENTS   |          |   |         |          |   | _          |       |            |
| (a) Name of related organization Transaction type (a-s)  Name of related organization  (b) Transaction type (a-s)  P  633,163. CASH AMOUNT OF REIMBURSEMENTS  2)  3)  4)   |          |   |         |          |   | <b>1</b> s |       | <u>  X</u> |
| Name of related organization type (a-s)  Name of related organization type (a-s)  P 633,163. CASH AMOUNT OF REIMBURSEMENTS  2)  3)  4)  5)   | 2        | m Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  PReimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  Soliter transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  type (a·s)  WICHITA SYMPHONY MANAGEMENT  P 633,163. CASH AMOUNT OF REIMBU |         |          | relationships and transaction thresholds. |            |       |            |
| 2) 3) 4) 5)  |          | Name of related organization Trans  | saction |          |   | olved      |       |            |
| 3) 4) 5)   | 1) \     | WICHITA SYMPHONY MANAGEMENT P   | >       | 633,163. | CASH AMOUNT OF REIMBURSE                  | EMEN       | TS    |            |
| 4)   | 2)       |   |         |          |   |            |       |            |
| 4)   |          |   |         |          |   |            |       |            |
| 5)   | 3)       |   |         |          |   |            |       |            |
| 5)   |          |   |         |          |   |            |       |            |
| 5)   | 4)       |   |         |          |   |            |       |            |
| 5)   | 5)       |   |         |          |   |            |       |            |
| 6) 43 Schedule R (Form 990) 2014   | <u>ی</u> |   |         |          |   |            |       |            |
| 2163 08-14-14 43 Schedule R (Form 990) 2014  | 6)       |   |         |          |   |            |       |            |
|  | 3216     |   | 43      |          | Schedule I                                | R (Forn    | n 990 | ) 2014     |

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)                    | (b)              | (c)               | (d)  | (e)<br>Are a<br>partners<br>501(c)<br>orgs. | )          | (f)      | (g)         | (        | h)             | (i)  | (j)             | (k)           |
|------------------------|------------------|-------------------|--|---|------------|----------|-------------|----------|----------------|--|-----------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partners                                    | S Sec.     | Share of | Share of    | Disp     | ropor-<br>nate | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Genera          | or Percentage |
| of entity              |                  | (state or foreign | excluded from tax under  | orgs.                                       | )(3)<br>.? | total    | end-of-year | alloca   | tions?         | of Schedule K-1  | partne          | ownership     |
|                        |                  | country)          | sections 512-514)  | Yes I                                       |            | income   | assets      | Yes      | No             | (Form 1065)  | Yes N           | o             |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | -                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  | $\vdash$                                    |            |          |             | $\vdash$ | $\vdash$       | -  | $\vdash$        | +             |
|                        | -                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | -                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  | $\sqcup$                                    |            |          |             |          |                |  | $\sqcup$        |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  | $\vdash$                                    |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | -                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  | $\vdash$                                    |            |          |             | -        | -              |  | $\vdash \vdash$ | _             |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  | $\sqcup$                                    |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        |                  |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | 1                |                   |  |   |            |          |             |          |                |  |                 |               |
|                        | •                |                   | •  | -   |            |          |             | •        |                | •  |                 | 000\ 0044     |

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