

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form

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

Open to Public Inspection

Α	For the 2008 calendar	year, or tax year beginning	7/01	, 2008, and er	nding	6/30		, 2009
В	Check if applicable	С		· · · · · · · · · · · · · · · · · · ·		D	Employe	r identification number
	Address change Please use IRS	Illinois Symphony	Orchestra	Endowment		l	30-0	216505
	Name change label or print or	Fund Inc.				E	Telephon	
	Initial return type.	524 1/2 E Capitol	Ave - Box	5191			217-	522-2838
	Termination See Specific	Commission						
$\vdash$	Amended return Instruc-					F		Exemption
$\bot$	Application pending	<u> </u>			<u> </u>		Numbe	
	• Section 501(c)(3	3) organizations and 4947(a)(1	) nonexempt ch	aritable trusts		counting me		_ Cash X Accrual
	must atta	ach a completed Schedule À (	FORM 330 OF 330	J-EZ).	<del></del>	ner (specify)		
	Website: ► N/A				H Ch	eck ► X	it the d ach Sch	rganization is <b>not</b> edule B (Form 990,
١.		nly one) - X 501(c) ( 3 )	d (mont no.)	4947(a)(1) or 527	990	0-EZ, or 990	PF)	edule D (Form 550,
<del></del>	Organization type (check or Check ► If the organization type (check or Check or Che	panization is not a section 509			aross re	eceints are i	normally	not more than
n	\$25,000. A return is no	ot required, but if the organiza	tion chooses to	file a return, be sure t	to file a	complete re	eturn	, not more than
$\overline{L}$	· · · · · · · · · · · · · · · · · · ·	7b, to line 9 to determine gros						
_	instead of Form 990-E		ss receipts, ii ψi		1 01111 3		► \$	18,196.
Pa	rt I Revenue,	Expenses, and Changes	s in Net Asse	ts or Fund Baland	ces (S	ee the ins	tructio	ons for Part I.)
		fts, grants, and similar amoun					1	
	_	revenue including governmer		acts			2	
	_	es and assessments					3	
	4 Investment incor	me					4	18,196.
	5a Gross amount fr	om sale of assets other than i	nventory	5a				
		ner basis and sales expenses	•	5 b				
Ŗ	c Gain or (loss) from s	sale of assets other than inventory (Sul	btract In 5b from In 5	ia) (att sch)		•	5 0	
REVERUE	6 Special events and a	ctivities (complete applicable perts of	Schedule G) If any a	mount is from gaming, che	ck here	▶		
E N	a Gross revenue (		- IVE of con				´	
Ŭ	reported on line	1)		6a				
	<b>b</b> Less direct expe	enses other than jundgaising e	expenses	[ 6ь	<del></del>		<b>-</b>	
<del>(</del>	c Net income or (loss)	from special events and activities (Su	ibtacethelbb from	0e 6a)			60	:
23:0		nventory, less ret <u>urns</u> and allo		7a				
(5)	<b>b</b> Less: cost of god	ods sold OCDE	NI III	7 b			<u> </u>	
C)	c Gross profit or (	loss) from sales of invertible	Subtract The 7b	from line 7a)			70	;
	8 Other revenue (descri	ribe ►		ı		)	8	
<u> </u>	9 Total revenue (a	add lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8)				▶ 9	18,196.
<del>,</del>	<del></del>	lar amounts paid (attach sche		See St	tatem	ent 1	10	30,687.
-	11 Benefits paid to	• •		20,0		_	11	
→ E → X	1	compensation, and employee I	benefits				12	
P		s and other payments to inde		ors			13	
EXPENSE		t, utilities, and maintenance			·		14	<del>                                     </del>
	1	itions, postage, and shipping	·				15	
S	16 Other expenses (des					).	16	
		(add lines 10 through 16)		· · · · · · · · · · · · · · · · · · ·			▶ 17	30,687.
	<del></del>	it) for the year (Subtract line	17 from line 9)	•			18	-12,491.
A		nd balances at beginning of ye	•	column (A)) (must s	aree v	th and of up		1
N S E E	19 Net assets or full figure reported of	nd balances at beginning of your prior year's return).	ear (Ironi line 27	, column (A)) (must a	gree wi	itii eilu-oi-ye	19	578,214.
Ŧ	20 Other changes in	n net assets or fund balances	(attach explana	tion) See S	tatem	nent 2	20	-101,410.
9		nd balances at end of year C		•			▶ 21	464,313.
Pa		heets. If Total assets on line			ore, file	Form 990 in	stead o	f Form 990-EZ
		(See the instructions for				Beginning of		(B) End of year
22	Lash, savings, and	=	•			578,2		
2:							23	
	Other assets (descri	be ►		)			24	
	Total assets					578,2	14. 25	464,313.
	Total liabilities (des			_)			0.26	
		palances (line 27 of column (E	3) must agree w	th line 21)		578,2	14. 27	464,313.

TEEA0803L 09/18/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Form	n 990-EZ (2008) Illinois Sympho				-02 <u>1</u>	L6505 Page <b>2</b>
Par	rt III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What	is the organization's primary exempt purpose? Security what was achieved in carrying out the	e Statement 3	ooses in a clear and co	ncise manner.	and i	uired for 501(c)(3) (4) organizations and
desc	cribe what was achieved in carrying out the cribe the services provided, the number of ram title	persons benefited, or other	relevant information for	each		(á)(1) trusts, optional thers )
28	Contributed to Illinois S		<u>Inc. in order</u>	_ <u>to</u>		
	further its exempt purpos	<u>se.</u>				
	(Grants \$ 30,687.) If th	nis amount includes foreign gi	rants, check here	<u>-</u>	28 a	30,687.
29						
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	▶ □	29 a	
30						
31	(Grants \$ ) If the Other program services (attach schedule	nis amount includes foreign gi	rants, check here		30 a	
	(Grants \$ ) If th	nis amount includes foreign gi	rants, check here	- □	31 a	20 607
	Total program service expenses (add li			<u>P</u>	32	30,687.
Par	rt IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	s and	(e) Expense account and other allowances
	ed Stericker	Board Member	0.	·	0.	0.
	<u>4 1/2 E Capitol Ave. Box 5</u> ringfield, IL 62705	1 0 1				
	nn Freese	Board Member	0.		0.	0.
	4 1/2 E Capitol Ave. Box 5	<u>)</u> 0				
	ringfield, IL 62705 lph Hahn	Board Member	0.		0.	0.
524	4 1/2 E Capitol Ave. Box 5 ringfield, IL 62705				•	
	lliam Simpson	Board Member	0.		0.	0.
~	4 1/2 E Capitol Ave. Box 5 ringfield, IL 62705	) o				
Laı	rry Eggan	Board Member	0.		0.	0.
	4 1/2 E Capitol Ave. Box 5 ringfield. IL 62705	1. O				
<u> </u>	ringitera, in 02,03					
		1				
		-				
		1				
		-				
		-				
		]				
BAA		TEEA0812L (	1/14/09	<u> </u>		Form <b>990-EZ</b> (2008)
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

rai	TV   Other information (Note the statement requirement in deneral instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	140
33	each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	-	Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	- <del>-</del>		
;	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
1	of If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
<b>37</b> a	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
ı	amount involved			
39	501(c)(7) organizations Enter:			
i	a Initiation fees and capital contributions included on line 9.  N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
		<u> </u>		!
,	5501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 ь		x
	Enter amount of tax imposed on organization managers or disqualified persons during the	100		<u> </u>
•	year under sections 4912, 4955, and 4958			
(	Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
41	List the states with which a copy of this return is filed   IL	400		L
42	a The books are in care of ► Trevor Orthmann Telephone no. ► 217-5.  Located at ► 542 1/2 E Capitol Ave Springfield IL ZIP + 4 ► 62701	<u> 22-2</u>	<u>838</u>	
			Yes	No
	o 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)?	42b	163	X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
,	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		<b>-</b>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
45		<b></b>		<u> </u>
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X X
BAA	↑ TEEA0812L 01/14/09 FO	rm <b>99</b> 0	- <b>L</b> Z (	(∠∪∪8)

	EZ(2008) Illinois Symphony C			30-0216			age 4
Part VI	Section 501(c)(3) organization	s only. All section 5	601(c)(3) organız	•			.9
	and complete the tables for line	es 50 and 51.		See St	atemen	t 4	
46 Did th	ne organization engage in direct or indire	ct political campaign ac	tivities on behalf of o	or in opposition to candidate	s	Yes	No
for pu	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (	C, Part I	,		46		_X
<b>47</b> Did th	he organization engage in lobbying activit	ies? If 'Yes,' complete :	Schedule C, Part II		47		Х
48 Is the	e organization operating a school as desc	ribed in section 170(b)(	1)(A)(II)? If 'Yes,' co	mplete Schedule E	48		X
49 a Did th	he organization make any transfers to an	exempt non-charitable	related organization?	2	49a		X
b If 'Ye	s,' was the related organization(s) a sect	ion 527 organization?	• •		49Ь		<u></u>
50 Comp	olete this table for the five highest compeved more than \$100,000 of compensation	nsated employees (other from the organization.	er than officers, directly there is none, enter	tors, trustees and key emplorer 'None'	oyees) wh	no ead	ch
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accourt other allo	nt and	5
None_							
				<u> </u>			
. – – – -							
<del></del> -							
		1					
	, A.O. 000			<del> </del>			
otal number	of other employees paid over \$100,000			_LL			
51 Comp from	blete this table for the five highest compe the organization. If there is none, enter 'l	nsated independent cor None '	ntractors who each re	eceived more than \$100,000	of compe	ensati	on
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u>n</u>
None							
		<del></del>					
		****					
		<del></del>					
Total numb	as of other independent contractors reco	£100,000					
otal Hurri	per of other independent contractors rece			tements, and to the best of my knowle	edge and be	lief. it is	
	true, correct, and complete Declaration of preparer (	other than officer) is based on a	Il information of which prep	arer has any knowledge			
•		9/1.		15-13-	-10		
Sign Here	Signature of officer	//h/		Date			—
nere	PALRUC	1-6-111	RODED	1111205	>		
	Type or print name and title	// <del>/ / / /</del>	DUNKS	10/E M DE			
	2: 4 3.	· ·	Date	Prepa	arer's Identif	vina Nui	mber
Paid	Preparer's signature	=	1		arer's Identif instructions) N		
Pre-	July 1170. / Dellete		5/10/1 LLC, CPA's	.U employed N/E	3		
parer's		och & Company, Suite 200	LLC, CPA S		/A		
Use Only	address and			(200)		1303	
	<del></del>	61701-3946	ctions	Phone no ► (309)	X Yes		
May the IR BAA	S discuss this return with the preparer sh	own above: See instru	LIIONS	<u> </u>	Form <b>990</b>		No (2008)
						\	, <b> /</b>

BAA

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

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Illinois Symphony Orchestra Endowment Fund Inc.

Employer identification number

30-0216505

Par	Ī	Re	aso	n fo	r Pu	blic	Ch	arity	Statu	ıs (	(All	org	jan	ııza	tions	s mı	ust c	om	ple	te this	part.	) (s	ee ı	nstruct	ions)			
The c	rga	nızat	ion i	s no	a pr	vate	four	dation	beca	use	ıt ıs	. (P	leas	se çl	heck	only	one	orga	nıza	ation)							-	
1	$\Box$	A cl	urch	1, co	nvent	on o	f chu	ırches	or ass	SOCI	atıor	n of	chu	irche	es de:	scrib	ed ın	sect	tior	170(b)	(1)(A)(i	i <b>).</b>						
2	П	A so	hoo	des	cribed	d in s	ectio	on 170	(b)(1)(	(A)(i	ii). (	(Atta	ich :	Sche	edule	E.)												
3	П	A h	spit	al or	соор	eratı	ve ho	spital	servic	e o	rgan	ıızat	ion	des	cribed	d in s	secti	on 17	70(Ł	)(1)(A)	iii <b>)</b> . (A	ttach	Sch	nedule H	)			
4	П	A m	edıc	al re	searc	h org	janiza	ation c	perate	ed II	n co	njur	otic	on w	ıth a	hosp	oital c	lescr	ibe	d in sec	tion 1	70(b)	(1)(A	A)(iii) En	nter the h	ospit	al's	
	_				nd st																							
5		An (	orgai ( <b>b)(1</b> )	nızat <b>XAX</b> (	on op v <b>)</b> . (0	erat Comp	ed fo olete	r the l Part I	enefit )	t of	a co	lleg	e or	run	iversi	ty ov	vned	or of	pera	ated by	a gove	rnm	ental	unit des	scribed in	sect	tion	
6				•			•			_										<b>70(b)(</b> 1								
7		ın s	ectic	n 17	<b>0(b)(</b> 1	(A)	(vi).	(Comp	olete F	Part	11)		•						go	vernme	ntal un	ut or	from	n the ger	neral pub	lic de	scrib	ed
8	닏			_				d in se			` ' '	• • •		, ,				•										
9		from	acti stm	vities ent ir	relate come	ed to e and	its éx Lunre	cempt f	unction busine	ns – ess	- sut taxa	oject ible	to o	certa ome	ıın exc	ceptic	ons, a	and (2	2) n	o more	than 33	-1/3	% of	its suppo	gross rece ort from g ne organi	ross	n aft	er
10		An (	orgai	าızat	on or	ganı	zed a	and op	erated	d ex	clus	ively	/ to	test	for p	oublic	safe	ety S	See	section	1 <b>509</b> (a	)(4).	(see	e instruc	tions)			
11	X	mor	e bu	blich	supr	orte	d or	and op ganiza orting	tions (	desc	cribe	ed iñ	se	ction	า 509	(a)(1	) or :	section	on!	509(a)(	ctions 2) See	of, c sec	r car tion	rry out th <b>509(a)(3</b> )	ne purpos ). Check	es of the l	f one box t	or hat
		aΣ			•		b		ype II				c	_						ıntegra	ted			d 🗌	Type III	– Otl	her	
е	X	By o	hecl	king ndat	this b on m	ox, I anag	certi ers a	fy that and oth	the o	rgai an o	niza ne d	tion or m	ıs r	not c	ontro	lled supp	direc ortec	tly or I orga	r in aniz	directly zations	by one describ	or r	nore 1 sec	disquali ction 509	fied per (a)(1) or	sons secti	othe ion	r
f		If th	e or	•		rece	ived	a writ	en de	tern	nına	tion	froi	m th	e IRS	S tha	it is a	Тур	e I,	Type I	or Ty	oe III	sup	porting o	organizat	ion,		
g		Sind	e Aı	ugus	17, 2	2006,	has	the or	ganıza	atıoı	n ac	cept	ted	any	gift	or co	ntrib	ution	ı fro	m any	of the	follo	ving	persons	?			
_				•					_			•		·	_					_			-			Υe	es	No
		(i)						or ind body o								r tog	ether	with	ре	rsons d	escribe	ed in	(n) a	and (III)	11 g (i			Х
		(ii)	a f	amıl	/ men	nber	of a	perso	n des	crib	ed II	n (ı)	abo	ove?	•										11 g (i	2	ᆚ	Х
		(iii)	а 3	35%	contro	olled	entit	y of a	perso	n de	escri	bed	ın (	(ı) o	r (II) a	abov	e?								11 g (i	ii)	L	Х
h		Pro	/ide	the f	ollow	ing ir	nform	nation	about	the	org	anız	atıo	ns t	he or	ganı	zatio	n sup	оро	rts.								
	(1	Nam Or	e of S ganiza		ed		(	(ii) EIN			(des	scribe ove o	d on or IRC	ganiza lines C sect ctions	1-9 tion		janizat ) listed	in yo: ming		the organ	ou notify ization ii (i) of ipport?	n I ora:	anızatı Irgani	is the ion in col zed in the S ?	(vii) Amo	unt of	Suppo	ərt
																$\Box$	es .	No	٥	Yes	No	Y	es	No				
<u> </u>	ino	ois	Sy	mph	ony	Or	che	stra	, Ir	1c.																		
											_										İ					•		
						<del> </del>	<u>37</u>	<del>-</del> 131	2674	4	5	01	(c)	(3	)		X			X	<u> </u>	+	X			30	, 68	1.
																1						1		]				
										+						+-		<u> </u>			<u> </u>	+						
																-												
						┼				+						+		ļ			<del> </del>	+		├				
																								] [				
					-	╁—				┼		-				+						+		├				
Total											_															30	, 68	37.

	edule A (Form 990 or 990-EZ) 200					30-021650	
Par	t II Support Schedule for	•			(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)
500	(Complete only if you check tion A. Public Support	ed the box on line	5, /, or 8 of Par	τι)			
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')					, , ,	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			·		· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	structions)	•		. 12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)	)(3) • []
Sec	tion C. Computation of Pu		ercentage				
	Public support percentage for 20 Public support percentage for 20				•	14 15	<b>%</b> %
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo	ox on line 13, and	d the line 14 is 33	-1/3 % or more, o	check this box
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the 'facts-a	ınd-cırcumstance	s' test, check this	box and stop her	re. Explain in Par	t IV how
Ł	• 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstance	s' test, check this	box and <b>stop he</b> i	re. Explain in Par	t IV how the
18	Private foundation. If the organi		_	•			
BAA							990 or 990-EZ) 2008

<u> </u>	(Complete only if you che	cked the box on I	ne 9 of Part I)		<u> </u>		
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants )						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·		•	
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ).						
13	Total support. (add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3)
Sec	organization, check this box and tion C. Computation of Pul		ercentage			•	
				no 12 notume (f)		12	. 0/
	Public support percentage for 20	•	•	• • • •		15	
16 Sec.	Public support percentage from a tion D. Computation of Inv					16	5   %
					(f)	4-	
17	Investment income percentage for				mn (1))	17	_
18	Investment income percentage fi				10 mag 45 - 22 1 (2	18	<del></del>
ıya	33-1/3 support tests – 2008. If the comore than 33-1/3%, check this b	organization did not ox and <b>stop here</b> :	cneck the box on I The organization	ine 14, and line 15 n qualifies as a ni	is more than 33-1/3 ublicly supported o	%, and line 1/ is organization	not ► □
Ь	33-1/3 support tests - 2007. If the	ne organization di	d not check a box	on line 14 or 19	a. and line 16 is r	nore than 33-1/	□ 3%, and line 18
	is not more than 33-1/3%, check	this box and <b>sto</b>	here. The organ	ization qualifies a	is a publicly supp	orted organızatı	on 🏲 📙
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	l see instruction	s •
RAA			TEE 404031		_		990 or 990 EZ) 2008

Schedule A	(Form	1 990 or	990-E2	2) 2008	111	inois	s Syr	nphon	y Orc	hest	ra	Endowment	30-02	16505	Page
Part IV	Sup	plemer	ntal In	forma	tion.	Compl	ete th	is par	to pro	ovide	the	explanation additional in	required by	Part II, II	ne 10;
	ran	ii, iiiie	1/4	JI 170,	OFF	art III,	IIIIE	12. FIC	viue a	ally U	uiei	auuitionai ii	ilomation. (	see msm	
	<del>-</del>														
															<b></b>

TEEA0404L 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

2008

## **Federal Statements**

Page 1

Illinois Symphony Orchestra Endowment Fund Inc.

30-0216505

Statement 1 Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid** 

Class of Activity: Donee's Name: Donee's Address:

General

Illinois Symphony Orchestra, Inc. 542 1/2 E Capital Ave. Springfield, IL 62701

Cash Amount Given:

\$ 30,687.

Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments

<u>-101,410.</u> Total \$ -101,410.

Statement 3 Form 990-EZ, Part III **Organization's Primary Exempt Purpose** 

To provide support to Illinois Symphony Orchestra, Inc. in order to further its exempt purpose

Statement 4 Form 990-EZ, Part VI **Regarding Transfers Associated with Personal Benefit Contracts** 

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No