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SCANNED

Department of the Treasury

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)

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2008 calendar year, or tax year beginning JUL 1. 2008 and ending JUN 30, 2009 C Name of organization D Employer identification number Check if applicable Please use IRS label or Address change ARKANSAS SYMPHONY ORCHESTRA FOUNDATION print o Name change type 71-0723879 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin 2417 NORTH TYLER - BYRNE HALL (501) 666-1761 Instruc-Amende return tions City or town, state or country, and ZIP + 4 1,587,135. G Gross receipts \$ Applica-LITTLE ROCK, AR 72207 H(a) Is this a group return pendina F Name and address of principal officer CHRIS BARRIER Yes X No for affiliates? 425 W. CAPITOL AVENUE. SUITE 1800 LITTLE RO H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (3 4947(a)(1) or) ◀ (insert no.) 527 If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Type of organization: X Corporation Trust Association Other > Year of formation: 1982 M State of legal domicile; AR Part I | Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION HOLDS ENDOWMENT FUNDS TO SUPPORT THE PROGRAMS OF THE ARKANSAS SYMPHONY ORCHESTRA if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 ≪ 0 Total number of employees (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 263,280. 8 Contributions and grants (Part VIII, line 1h) 57,436. Program service revenue (Part VIII, line 2g) 70,168. -277,621. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,912 -340,565. 11 Total revenue add tres princip + (must equal Part VIII, column (A), line 12) 347,360 -560,750. Grants and similar amounts paid Par 79,257 105,156. 13 IX,-⊊ρlyr⊓n (A), lines 1⋅3) Benefits paid to or for members (Part IX, column (A), line 4) Salanes, other compensation, சோழ்ந்தி benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
Other expenses (Part IX column (A), lines 11a-11d, 11f-24f) 102,106 12,640. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 181,363 117,796. Revenue less expenses. Subtract line 18 from line 12 165,997. -678,546. 58 Beginning of Year End of Year Total assets (Part X, line 16) 4,746,272 4,209,715. 20 13,418 4,068. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 4,732,854 205,647. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid 5/10/12 signature employed > Preparer's Firm's name (or JEFFREY PHILLIPS MOSLEY & SCOTT, Use Only vours if 11300 CANTRELL ROAD, SUITE 301 Phone no. $\triangleright 501-227-5800$ LITTLE ROCK, ARKANSAS 72212

Form **990** (2008)

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

	rt III Statement of Program Service Acco	omplishments (see instructions)	ATION /1-0/	238/9 Page 2
1	Bnefly describe the organization's mission SEE PAGE 1, PART I, LINE 1			
•	Did the ergogration undertake any configent ergogra	m convece during the year which were n	ot listed on	
2	Did the organization undertake any significant progra the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.		ot listed on	☐Yes X No
3	Did the organization cease conducting, or make signil f "Yes", describe these changes on Schedule O		rogram services?	Yes X No
4	Describe the exempt purpose achievements for each Section 501(c)(3) and 501(c)(4) organizations and sec allocations to others, the total expenses, and revenue	ction 4947(a)(1) trusts are required to rep	ort the amount of grants and	
4a	(Code:) (Expenses \$ 105 PROGRAM SUPPORT FOR THE ARE		05,156.)(Revenue\$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants	of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	
4e		105,156. (Must equal Part IX, Lin		Form 990 (2008)

Form 990 (2008) ARKANSAS SYM
Part IV Checklist of Required Schedules

It be organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)? If Yes, "compilete Schedule or Meet or indected products of the public office?" If Yes, "compilete Schedule or Quality or 100 (c)(4) or 40 (c) (c) or 40 (c) (c) or 40 (c) (c) (c) (c) or 40 (c)				Yes	No
2 is the organization required to complete Schedule B, Schedule G Contributions? Did the organization engage in dwict or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization or appearation subject to the section 6033(e) notice and reporting requirement and proxy tax / If "Yes," complete Schedule C, Part III Did the organization maintain any donor adversed funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report and areas, or historic structures? If "Yes," complete Schedule D, Part III To Did the organization report an amount in Part X, line 21; series as a custodism for amounts not lated in Part X; or provide schedule D, Part IV Did the organization report an amount in Part X, line 21; series as a custodism for amounts not lated in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; series as a custodism for amounts not lated in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, line 21; series as a custodism for amounts not lated in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, line 21; series as a custodism for amount in Part X in a 21; series as a custodism for amount in Part X in a 21; series as a custodism for amount in Part X in a 22; series in a series as a 22; series as a 23; ser	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 X X Section 501(c)(3) organizations. Did the organization engage in direct or independent of the section 603(e)(4) proportions of the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. In the organization subject to the section 603(e) notice and reporting requirement and provider X II Yes," complete Schedule C, Part II X X X Section 501(c)(4), 501(c)(5), and 501(c)(6) organization is under the organization with subject to the section 603(e) notice and reporting requirement and provider X II Yes," complete Schedule C, Part II Yes," complete Schedule D, Part I X X Y Section 501(c)(4), 501 August A Yes, II Ye		If "Yes," complete Schedule A	1	X	
public office? If *Yes,* complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If *Yes,* complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6035(s) notice and reporting requirement and proxy tax? If *Yes,* complete Schedule C, Part II Did the organization or investment of amounts in such funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where the right to provide advice on the establishment of the environment, the such funds or accounts where the right to provide advice on the establishment or investment of the environment, and the amounts are accounted an accounts of the complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; complete Schedule D, Part II Did the organization report an amount in Part X, line 21, 11, 15, or 255 II * Yes, *complete Schedule D, Part II Did the organization report an amount in Part X, line 21, 11, 15, or 255 II * Yes, *complete Schedule D, Part II Did the organization report on Part IX, column (A), line 12, 11, 15, or 255 II * Yes, *complete Schedule D, Part II II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of form grains or assistance to ind	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable 11	10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part SI, XII, and XIII 13 Is the organization a school as described in section 17(0)(t)(1)(a)(ii) "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the U S.? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III 18 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Part I and III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 17! If "Yes," complete Schedule I, Part I and III 21 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Part I and III 22 Did the organization have a tax exempt bond issue with an outstanding an incurrence of the last day of the year, that was issued after December 31, 2002? If "Yes," complete Schedule I, Part II 25 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease	11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school as described in section 170(b)(1)(A)(in)" If "Yes," complete Schedule E Id Did the organization maintain an office, employees, or agents outside of the U S:? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S:? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III Did the organization report more than \$5,000 on Part IX, column (A), line 12e," complete Schedule I, Part I and II Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Part I and II Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Part I II Did the organization neport more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Part I II 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,"		If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
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last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 24c 24d 25a X 25b X Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 25b X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X		· · · · · · · · · · · · · · · · · · ·	23		X
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26				v
contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	~=		26		
	27		_		v
		contributor, or to a person related to such an individual? If res, complete Schedule L, Part III		990 <i>«</i>	

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			•
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

008) ARKANSAS SYMPHONY ORCHESTRA FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter of in ort applicable 1a 0 1b 0 0 b. Enter the number of Forms W26 included in line 1a Enter 0-if not applicable 1b 0 0 0 c) Lift the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statisments, filed of the celendary year anding with or winn the year covered by this return bill at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 is greater than 250, you may be required to e-file this return. Gee enstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If *Yes, *Insa a fried a Form 950 Tof this year *I** Two, *provide an explanation is Reductle 0* 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 account)? 5b If *Yes, *Institutions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If *Yes, *Ind question Box of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If *Yes, *Ind the organization include with every solicitation an expesses statement that such contributions or grits were not tax deductible? 5c If *Yes, *Ind deate the number of Forms 8282 filed during the year 6c If *Yes, *Indicate the number of Forms 8282 filed during the year 6c If the organization include with every solicitation an expesses statement that such contributions or ap				Yes	No							
b. Enter the number of Forms W-20 included in line 1a. Enter-0- if not 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, Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required dederal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," thas it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 if "Yes," thas it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account? If the organization is provided in the organization in Schedule 0 b if "Yes," enter the name of the foreign country is consistent to the organization of exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts b if "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b if "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited at x shelter transaction? c if "Yes," to question 5a or 5b, did the organization that were not tax deductible? b if "Yes," did the organization and the value of the goods or services by Tax Exempt Entity Reparding Prohibited Tax Shelter Transaction? c Did the organizations that may receive deductible contributions under section 170(c). b if "Yes," indicate the number of Forms 8828 filed during the year c Did the organization shall may receive ded	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of										
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Erriter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fied for the calendar year ending with or within the year covered by this return 8 If at least one is reported on line 2a, did the organization fiel all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 8 If Yes, 'has it filed a Form 990-T for this year? If YNo,' provide an explanation in Schedule O. 8 At any time during the calendar year, did the organization have an inferent in, or a signifiative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 8 If Yes, 'heart the name of the foreign country \(\) 9 See the instructions for exceptions and filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts 9 Was the organization a party to a prohibited tax shelter transaction? 10 If Yes, 't question Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 10 If Yes, 't did the organization shock any contributions that were not tax deductible? 10 Granizations that may receive deductible contributions under section 170(c). 10 Granizations that may receive deductible contributions under section 170(c). 10 Granizations that may receive deductible contributions under section 170(c). 11 Granizations that may receive deductible contributions under section 170(c). 12 Organizations that may receive deductible contributions under section 170(c). 13 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 14 Yes, 'indicate the numbe		U.S Information Returns. Enter -0- if not applicable										
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, *I set a filed a Form 890 FT or this year? If No. *provide an explanation in Schedule O b if Yes, *I set a filed a Form 890 FT or this year? If No. *provide an explanation in Schedule O b If Yes, *I set a filed a Form 890 FT or this year? If Yes, *provide an explanation in Schedule O b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 Was the organization as party to a prohibited tax shelter transaction? 5b If Yes, *I question 5a or 5b, did the organization file Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Did the thing anization provide with every solicitation an express statement that such contributions or girts were not tax deductible? 5c Did the organization sthat may receive deductible contributions under section 170(c). 5c Did the organization sthat may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall provide the property of the value of the goods or services provided? 5d Did the organization shall provide the provided th	b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable . 1b 0										
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3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
b if "Yes," has it filled a Form 990-T for this year? If "No," 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 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 the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 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? c If "Yes," to question 5a or 5b, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c Did the organization start may receive deductible contributions under section 170(c). a Did the organization self, 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 c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X 7f Yies, For contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(1) organizations. Enter: N/A a Intuition fees and capital contributions uncluded on Part VIII, l		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)										
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 the instructions for exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts 3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to question Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Id the organization solicit any contributions that were not tax deductible? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 2 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757 7 Tay if a did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757 7 Tay if a did the organization organization in the value of the goods or services provided? 7 To Did the organization organization services dispose of tangible personal property for which it was required to file Form 8282? 7 To If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If Did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract? 7 To If If Yes, "indicate the number of Forms 8282 filed during the year organization file a Form 1098-C as required? 7 To If If Yes, a produced the	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> </u>							
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9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: N/A 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 N/A 12b		supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have										
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A 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 N/A 12b		excess business holdings at any time during the year?	8									
b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A 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 N/A 12b	9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.										
10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: N/A 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) 11 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 N/A 12b	а	Did the organization make any taxable distributions under section 4966?	9a									
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A 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 N/A 12b	b		9b									
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A 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 10417 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	10											
11 Section 501(c)(12) organizations. Enter N/A 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 N/A 12b	а	· · · · · · · · · · · · · · · · · · ·		1								
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 N/A 12b	b											
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? 12a I I I I I I I I I I I I I I I I I I I	11											
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 N/A 12b	а	· · · · · · · · · · · · · · · · · · ·										
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 N/A 12b	b											
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		,										
			12a									
	<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ear-	000 r	2000							

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent]		
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_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	i		
	of officers, directors or trustees, or key employees to a management company or other person?	3_		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		_X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u>X</u>
11	Is there any officer, director or 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	11		<u> </u>
Sec	tion B. Policies			
			Yes	<u>No</u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		İ	
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	_14		<u>X</u>
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:		İ	v
a	The organization's CEO, Executive Director, or top management official?	15a		<u> X</u>
D	Other officers or key employees of the organization?	15b		<u>X</u>
16-	Describe the process in Schedule O. (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
	taxable entity during the year?	_16a		<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	406		
Sac	exempt status with respect to such arrangements?tion C. Disclosure	16b		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►AR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply.	Ю		
	Own website Another's website X Upon request			
10	·	d fire	noro!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are statements available to the public	iu iinai	icial	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıon: 🕨		
20	SHELLEY MYERS - (501) 666-1761	ion: P		
		-		
922004				

832006 12-18-08 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average				C) ation	1		(D) Reportable	(E) Reportable	(F) Estimated
nano ano mio	hours	(c				app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. JONATHON BATES DIRECTOR								0.	0.	0
CHRIS BARRIER PRESIDENT								0.	0.	0 .
DALE RONNEL DIRECTOR								0.	0.	0 .
PHILIP TAPPAN TREASURER								0.	0.	0.
BRIGITA GARDNER VICE-PRESIDENT								0.	0.	0.
DR. RICARDO SOTOMORA DIRECTOR								0.	0.	0.
JOHN STEURI DIRECTOR								0.	0.	0.
MICHAEL SHELLEY DIRECTOR								0.	0.	0.
DORA JANE FLESCHER DIRECTOR					ļ			0.	0.	0.
		<u> </u>			<u> </u>	_				
			_		<u> </u> 					
			_		-					
			 	_						
					_					
			_		 					
		1	_	_	-					

Fai	L VII Section A. Officers, Directors, Tru	<u>stees, Key Er</u>	nplo	oyee	s, a	nd l	High	<u>est</u>	Compensated Employ	<u>ees (continued)</u>				
	(A)	(B)			(0	C)			(D)	(E)		•	(F)	
	Name and title	Average		1	Pos	ition	1		Reportable	Reportable	•	Es	tımate	d
		hours	(c	heck	all	that	арр	ly)	compensation	compensation			ount o	of
		per	ţġ						from	from related			other	
		week	Individual trustee or director				8		the	organization			pensat	
			te	ustee			25		organization (W-2/1099-MISC)	(W-2/1099-MIS) ()		om the anızati	
			I Trus	Institutional trustee		Key employee	Highest compensated employee		(11 2) 1000 111100)			_	i relate	
			widu	trutio	Officer	Ē	pe st	iii iii					ınızatıc	
			Ē	Sul .	₩	ā	물통	Ē	l					
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						<u> </u>	<u> </u>							
						l	Ļ	<u> </u>						
	Total						<u> </u>		0.		0.			0.
2	Total number of individuals (including those	in 1a) who red	ceiv	ea m	ore	tna	n \$1	00,0	υυυ in reportable					^
	compensation from the organization									•		T	Yes	0 No
2	Did the organization list any former officer,	director or thi	ctoo	. ko		مام	···	or h	uahast componented or	mplayee en	ſ		+	
3	line 1a? If "Yes," complete Schedule J for si		3166	, ne	, 611	ipio	уее,	01 11	-	iipioyee oii		3		X
4	For any individual listed on line 1a, is the su		e co	mpe	ะกระ	atıor	n and	t oth		the organization	ŀ			
•	and related organizations greater than \$150									o organization		4		X
5	Did any person listed on line 1a receive or a									ces rendered to	ľ			
	the organization? If "Yes," complete Schede											5		X
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	tepe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fr	rom	
	the organization. NONE							т.		Т				
	(A) Name and business	address							(B) Description of s	enuces	_	(C omper		
	Name and business							\dashv		IOI VICOS		ouher		—
								\dashv						
					_									
	-							T						_
								4						
2	Total number of independent contractors (ii	ncluding those	in 1	1) wł	10 r4		ved	mor	e than \$100,000 in com	pensation				
~	from the organization	0	1	., **!		-0 0 1	-cu		o alan wido,000 iii com	poriodition				
	- 12 TIME - 1					_								

	rt VII	II Statement of Revenue	ORCHESTRA FOU	INDATION	/1-0/23	8/9 Page 9
		otatement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 57,43				
dati	g	Noncash contributions included in lines 1a-1f \$	_			
Ω <u>g</u>	h	Total. Add lines 1a-1f	▶ 57,436.			
		Business	Code	ŀ		
Program Service Revenue	2 a b c d e					
۱ ۳		All other program service revenue				
	3	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)	≥ 21,950.			21,950.
	4	Income from investment of tax-exempt bond proceeds				
	5 6 a b c	Less: rental expenses	nal			
	d	Net rental income or (loss)	>			
		Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities (ii) Other 1848314.	er			
		and sales expenses Gain or (loss) Net gain or (loss)	→ -299,571.	299,571.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
		Less direct expenses b				
-		Net income or (loss) from fundraising events	>			
		Gross income from gaming activities. See Part IV, line 19 a Less' direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances a				
	b	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	<u>▶</u>			
		Miscellaneous Revenue Business (Code			
	11 a	MISCELLANEOUS REVENUE 90009	3,109.	3,109.		
ł	b	UNCOLLECTIBLE PLEDGES 90009	99 -343,674.	-343,674.		
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	► -340,565.			
93300	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶ -560,750.	-640,136.	0.	21,950.
83200 02-02-	09					Form 990 (2008)

Section 501(c)(3) and 501(c)(4) organizations must complete all column	ns.
--	-----

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	105,156.	105,156.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			_	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-	-		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				-
е	Professional fundraising services. See Part IV, line 17				- -
f	Investment management fees				-
g	Other				" =
12	Advertising and promotion				
13	Office expenses				
14	Information technology				•
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	*	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance				
24	Other expenses. Itemize expenses not covered			- · · 	
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
2	CONSULTING/PROFESSIONAL	8,975.		8,975.	
b	DOMOR ARRESTA	2,122.		2,122.	
C	BUSINESS ENTERTAINMENT/	1,333.		1,333.	
d	BANK/CREDIT CARD SERVIC	210.		210.	
	DIMM/CMBDII CAM DBMVIC	210.			
e f	All other expenses	-			
-		117,796.	105,156.	12,640.	0.
25	Total functional expenses. Add lines 1 through 24f	11/,/30.	102,130.	14,040.	
26	Joint Costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		<u></u>		Form 990 (2008)

Form **990** (2008)

Pa	rt X	Balance Sheet								
				(A) Beginning of year		(E End o	3) of year			
	1	Cash · non-interest-bearing		3,217.	1		30,9	934.		
	2	Savings and temporary cash investments		347,108.	2					
	3	Pledges and grants receivable, net		2,166,538.	3	1,3	30,5	552.		
	4	Accounts receivable, net	· ·	• •	4					
	5	Receivables from current and former officers, directors, trustees, k	ey							
	•	employees, or other related parties. Complete Part II of Schedule L	-		5					
	6	Receivables from other disqualified persons (as defined under section)								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Comple	1							
		Part II of Schedule L			6	•				
Ø	7	Notes and loans receivable, net		<u>-</u>	7					
Assets	8	Inventones for sale or use	· F		8					
As	9	Prepaid expenses and deferred charges	·		9					
	10a	Land, buildings, and equipment: cost basis 10a	2,385.							
		Less: accumulated depreciation. Complete	2,303.							
	"	Part VI of Schedule D	2,385.	0.	10c			0.		
	44	Investments - publicly traded securities	E,303.	<u> </u>	11	_				
	11	Investments - other securities See Part IV, line 11	<u> </u>	815,646.	12					
	12		<u> </u>	1,403,810.	13	21	50 0	000.		
	13	Investments - program-related See Part IV, line 11	}	1,403,010.	14		,,,	, <u>, , , , , , , , , , , , , , , , , , </u>		
	14	Intangible assets Other coasts See Best IV line 11	F	9,953.	15	2,59	20 2	229		
	15	Other assets. See Part IV, line 11		4,746,272.		4,20				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,918.	16 17	4,20		$\frac{13.}{68.}$		
	17	Accounts payable and accrued expenses	··· - [-	4,310.			4,0	100.		
	18	Grants payable .	· · · - -		18					
	19	Deferred revenue			_19					
	20	Tax-exempt bond liabilities	-		_20					
ë	21	Escrow account liability. Complete Part IV of Schedule D	·		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key em								
Ē		highest compensated employees, and disqualified persons. Comp	lete Part II							
_		of Schedule L	· · }		22					
	23	Secured mortgages and notes payable to unrelated third parties	-		23					
	24	Unsecured notes and loans payable	-	0 500	24					
	25	Other liabilities. Complete Part X of Schedule D	-	8,500.	25	· · · · · -	A C	0.		
	26	Total liabilities. Add lines 17 through 25		13,418.	26		4,	68.		
		, ,	complete							
Ses		lines 27 through 29, and lines 33 and 34.		404 200		2.0	- 1 -			
Fund Balances	27	Unrestricted net assets	-	404,320.	27	36		<u> 359.</u>		
Bal	28	Temporanly restricted net assets	· -	12,458.	28	2 0 1		<u> </u>		
ğ	29	Permanently restricted net assets	, ·	4,316,076.	29	3,83	57,2	88.		
		Organizations that do not follow SFAS 117, check here	l and							
s of		complete lines 30 through 34.								
set	30	Capital stock or trust principal, or current funds			30					
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund			31					
let et	32	Retained earnings, endowment, accumulated income, or other fund	ds .	4 500 054	32					
~	33	Total net assets or fund balances	-	4,732,854.	33	4,20				
<u> </u>	34	Total liabilities and net assets/fund balances		4,746,272.	34	4,20	19,7	<u> 15.</u>		
Ра	rt XI	Financial Statements and Reporting						TAIo		
							Yes	No		
1			Accrual	Other			1			
2a		e the organization's financial statements compiled or reviewed by an		ccountant?		2a_	x	<u> </u>		
b	• • • • • • • • • • • • • • • • • • • •									
С		es" to lines 2a or 2b, does the organization have a committee that as		· · · · · · · · · · · · · · · · · · ·	audit		1			
		w, or compilation of its financial statements and selection of an inde				<u>2c</u>	X	ـــــ		
3а		result of a federal award, was the organization required to undergo	an audit or audi	rts as set forth in the Sing	le Aud	lrt	1			
						<u>3a</u>	↓	X		
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?				3b		<u> </u>		
83201	1 12-18	3-08				Form	1990	(2008)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

			<u> SYMPHONY C</u>							<u> 1-07238</u>	<u>79</u>
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)			
The organ	nzation is not a	private foundation	because it is (Please ch	neck only o	ne organi	zation)					
1 🗀	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170	(b)(1)(A)(i)	١.			
2 🗀	•		70(b)(1)(A)(ii). (Attach So					•			
$\overline{a} = \overline{a}$			tal service organization	-		170/b\/1\	(A)(iii) (At	tach Sche	dule H)		
	·	•	operated in conjunction						•	na hasnital's :	name
+			operated in conjunction	with a not	pital dese	11000 111 30		יארי אני		ic nospitars i	iarrio,
	city, and stat		benefit of a college or u		unad ar ar	a ratad by		————	ıt dasamba	od in	
5 📖	-			inversity o	wried or of	berated by	a yovenn	nemai un	it describe	io iii	
		(b)(1)(A)(iv). (Compl									
6			ent or governmental un								
7 📖	_	-	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	oublic describ	ed in
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 📖	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	ıp fees, an	d gross recei	ots from
	activities rela	ted to its exempt ful	nctions - subject to cert	aın exceptı	ons, and (2) no more	than 33 1	/3% of its	s support f	from gross inv	estment
	income and u	ınrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30,	1975.
	See section	509(a)(2). (Complete	e the Part III)								
10 🔲	An organizati	on organized and o	perated exclusively to te	est for publ	ic safety S	See sectio	n 509(a)(4	1). (see ins	structions)		
11 X	An organizati	on organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes of o	ne or
	more publicly	supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2) See sec	ction 509((a)(3). Che	ck the box th	at
			organization and compl								
	a Type I	, , , , , , , , , , , , , , , , , , ,	Type II	с 🗶 Тур	e III - Fund	tionally in	tegrated		d \square	Type III - Oth	er
е 🗀			at the organization is not			_	_	r more dis	qualified p	ersons other	than
- —	, ,	•	han one or more publicl		-	-	•		•		
f		-	ten determination from						- (-)(-)		. —,
•	_	rganization, check th				F, . , F-	, ,	•			
_		-	organization accepted a	ny aift or c	ontribution	· · · · · · · · · · · · · · · · · · ·	of the follo	owing per	eone?	•	
9	•		lirectly controls, either a			•		•		[v	es No
		-	upported organization?	lione or tog	GUIGI WILII	persons	iescribed i	iii (ii) aiiu i	(iii) Delow,		X
	•	•	•	,					•	11g(i)	X
	• •	•	n described in (i) above?		-0				•	11g(ii)	X
_	• •	-	person described in (i)				•	•		11g(iii)	A
h	Provide the fe	ollowing information	about the organizations	s tne organ	iization sur	oports.					
			(iii) Type of	1					Т		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) (s organizati	on in col. L	(vii) Amou	nt of
org	anization		(described on lines 1-9		document?		support?	(i) organiz U.S	ed in the	suppor	t
			above or IRC section				 				
			(see instructions))	Yes	No	Yes	No	Yes	No	· · · · · · · · · · · · · · · · · · ·	
ARKAN											
SYMPH	ONY ORC	71-6059542	11C	X		X	ļ	X		105	<u>.156.</u>
							İ				
									1		
				ļ			ļ .				
					<u></u>						
					<u></u>			 			
Total										105	,156.

Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support		_	T	1		
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and		1				
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 · 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included			1			
on line 1 that exceeds 2% of the			1			
amount shown on line 11,		İ				
column (f)						
6 Public Support. Subtract line 5 from line 4					<u> </u>	
Section B. Total Support calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a) 2008	(A) Total
	(a) 2004	(b) 2003	(0) 2000	(a) 2007	(e) 2008	(f) Total
7 Amounts from line 4	<u></u>					
dividends, payments received on		İ				
secunties loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carned on	:					•
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities, et	to (see instruction	one)	·		12	L
3 First five years. If the Form 990 is for the	•		d fourth or fifth to	 av vear as a sectio		•
organization, check this box and stop h		3 11/3t, 300011a, tilli	a, 10a1(11, 01 111(11 (c	ax year as a section	71 30 1(C)(3)	
ection C. Computation of Public		rcentage	· •		·	
4 Public support percentage for 2008 (line	e 6, column (f) d	vided by line 11,	column (f))		14	
5 Public support percentage from 2007 S	chedule A, Part	IV-A, line 26f	•		15	
6a 33 1/3% support test - 2008. If the org	anization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
stop here. The organization qualifies as	a publicly supp	orted organization	ı			▶□
b 33 1/3% support test - 2007. If the org	anization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	ns box
and stop here. The organization qualified	es as a publicly s	supported organiz	ation		-	▶[
7a 10% -facts-and-circumstances test -	2008. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "facts						
meets the "facts-and-circumstances" te			•	=	_	. ▶[
b 10% -facts-and-circumstances test -					-	10% or
	_				·	
more, and if the organization meets the	"facts-and-circu	mstances" test, c	neck this box and	stop nere. Explai	n in Part IV now the)
more, and if the organization meets the organization meets the "facts-and-circui				• •		▶ [

Schedule <u>A (Form 990 or 990-EZ) 2008</u>			_			Page 3
Part III Support Schedule fo Section A. Public Support	r Organizations	Described in	Section 509(a	(Complete only	r if you checked the b	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and	(a) 2004	(b) 2003	10) 2000	(0) 2007	(e) 2000	(I) Total
membership fees received. (Do no	+					1
include any "unusual grants.")	`					
2 Gross receipts from admissions,			_	- .		-
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	•					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				· · · · · · · · · · · · · · · · · · ·		
5 The value of services or facilities						
furnished by a governmental unit to	0					
the organization without charge						
6 Total. Add lines 1 · 5						
7a Amounts included on lines 1, 2, an	d					
3 received from disqualified persor	ns					
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)					·	
Section B. Total Support						
calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6				ļ		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				1		
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	ss					
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12)	,					
14 First five years. If the Form 990 is		s first, second the	rd, fourth, or fifth to	ax vear as a section	on 501(c)(3) organia	ration.
check this box and stop here	Tor the organization	o mot, 0000ma, tim	a, 10a111, 01 11111 1	an your do a book	on do reordo, organiz	▶
Section C. Computation of Pu	blic Support Pe	rcentage	··	-		
15 Public support percentage for 200			column (fl)		15	9
16 Public support percentage from 20			····· <i>VII</i>	•	16	9
Section D. Computation of Inv				•		-
17 Investment income percentage for					17	9

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ightharpoons

18

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Onen to Public Inspection

Name of the organization

ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Employer identification number

Schedule D (Form 990) 2008

71-0723879 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or pleasure). Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

832051 12-23-08

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

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 ARKANSAS SY	MPHONY ORCHES	TRA FOUND	ATION 7	<u>1-0723879</u>	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12			<u></u>	
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of values of or end-of-year m		
Financial derivatives and other financial products					
Closely-held equity interests					
Other					
				,	
					··
•	-				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.			
(a) Description of investment type	(b) Book value	0.	(c) Method of values or end-of-year manager		
	050 000	. <u></u>	ost or end-or-year ma	arket value	
VIOLIN	250,000.	COST			
				· · · · · · · · · · · · · · · · · · ·	
			-		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	250,000.	<u>.</u>			
Part IX Other Assets. See Form 990, Part X, line				(b) Book val	
 	Description	· · · · · · · · · · · · · · · · · · ·			
ASSETS HELD IN TRUST				2,589,	523. 706.
PARR ANNUITY - ASOF	<u></u>			•	700.
					
		.		ļ	
Total. (Column (b) should equal Form 990, Part X, col (B) III				2,598,	<u>229.</u>
Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability	line 25.	(b) Amount	Т		
	- ··		†		
Federal income taxes			†		
			1		
			1		
			1		
			1		
			_		
			1		
			1		
			-		
Total. (Column (b) should equal Form 990, Part X, col (B) lin			<u></u>		
In Part XIV, provide the text of the footnote to the organiza	tion's financial statements	that reports the or	ganization's liability	for uncertain tax po	sitions

under FIN 48. 832053 12-23-08

	edule D (Form 990) 2008 ARKANSAS SYMPHONY OF					<u>71-</u>	<u>0723879</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Fo	orm 990 to	Finar	ncial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			•	1			<u>,750.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)				2		117	<u>,796.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-			3		-678	,546.
4	Net unrealized gains (losses) on investments				4			
5	Donated services and use of facilities				5			
6	Investment expenses .				6			
7	Prior period adjustments				7			
8	Other (Describe in Part XIV)				8		151	,339.
9	Total adjustments (net). Add lines 4-8				9			,339.
10	Excess or (deficit) for the year per financial statements. Combine lines				10			<u>,207.</u>
Pai	rt XII Reconciliation of Revenue per Audited Financia		its W	ith Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statemer	nts .				1	-409	<u>,411.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1					
а	· ·	•	2a	15	1,339	<u>-</u>		
b	Donated services and use of facilities	•	2b		·	4		
С	Recoveries of prior year grants		2c			4		
d	,		2d			4		
е	5					2e		<u>,339.</u>
3	Subtract line 2e from line 1				•	3	-560	<u>,750.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a			-		
b	Other (Describe in Part XIV)		4b			4		
C	• • •				• •	4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I			/:al		5	-560	<u>,750.</u>
	rt XIII Reconciliation of Expenses per Audited Financi	ai Stateme	nts v	vitn Expe	nses pe			
1	Total expenses and losses per audited financial statements	•		•		1 1	117,	<u>,796.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		l . I					
а	Donated services and use of facilities		2a			- 1		
b	Prior year adjustments	•	2b			-		
C .	Losses reported on Form 990, Part IX, line 25		2c			-		
d	, .		2d			-		•
e	3		•			2e	117	0.
3	Subtract line 2e from line 1		•			3		<u>796.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		ا ہا					
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a			-		
	Other (Describe in Part XIV)		4b			1.1		^
	Add lines 4a and 4b					4c	117	706
Pai	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part rt XIV Supplemental Information	1, line 18)		···		5	117,	796.
	plete this part to provide the descriptions required for Part II, lines 3, 5,	and 0: Part III	lines 1	a and 4: Da		1b and 0	the Dort V. Jone	4 Dod
	art XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	and 9, Part III,	iines i	a anu 4, Pa	rt IV, lines	ib and 2	b; Part V, line	4, Part
	RT V, LINE 4: SEE PAGE 1, PART I, LI	NF 1						
LVI	KI V, DINE 4. DEE FAGE 1, FARI 1, DI	ME_T						
		 					_	
DAT	RT XI, LINE 8: UNREALIZED LOSS ON IN	лестивы	ጥሮ					
1111	KI AI, BING C. CHARABIADD BOOD ON IN	VESTMEN	10				·	
								

SCHEDULE I			•	•	:			OMB No 1545-0047	-0047
(Form 990)			Grants and	Grants and Other Assistance to Organizations, Governments and Individuals in the LLS	to Organizations			2008	
Department of the Treasury		▲ Comp	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public	
Internal Revenue Service				► Attach to Form 990.	n 990.			Inspection	uo
Name of the organization	ARKANSAS	SYMPHONY	ORCHESTRA FO	FOUNDATION				Employer identification number $71-0723879$	number 8879
Part I General Info	٠,٠	d Assistance			,				
1 Does the organizat	Does the organization maintain records to substantiate the amount of th	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	ance?	;	:	į			X Yes	ջ
ᇎ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant i	runds in the United	States.				
Fart II Grants and (Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization	recipient that received more than 55,000. Check this box if no one me and address of organization (b) EIN (c) IRC se	JUUU. CABCK TRIS (b) EIN	(c) IRC section	(d) Amount of	an \$5,000 Use Pa (e) Amount of	(f) Method of	ction (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose	al space is needed (h) Purpose of grant	
or government	rnment		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance	
ARKANSAS SYMPHONY ORCHESTRA	ORCHESTRA PLA MYT ED BYENE								İ
	AR 72207	71-6059542	501(C)(3)	105,156.	0			PROGRAM SERVICE SUPPORT	PORT
	Enter total number of section 501(c)(3) and government organizations	d government or	ganizations			:		•	1.
۳,	Enter total number of other organizations							•	
LHA For Privacy Act a	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions f	or Form 990.				Schedule I (Form 990) 2008	90) 2008

80-

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (d) Amount of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 832102 12-18-08

Page 2

71-0723879

(Form 990) 2008 ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Schedule I (Form 990) 2008

Part III Grants and Oth

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Employer identification number 71-0723879

72 0720075
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOCIETY. THE SOCIETY'S PROGRAMS INCLUDE THE PURSUIT OF INCREASING
ORCHESTRAL MUSIC APPRECIATION AND INFLUENCE; BROADENING THE BASE OF
PATRON AND AUDIENCE AWARENESS, ENJOYMENT, AND SUPPORT; PROVIDING
ATTRACTIVE PROFESSIONAL OPPORTUNITIES TO MUSICIANS AND STAFF; AND
CONTRIBUTING TO THE CULTURAL AND ECONOMIC POTENTIAL OF THE STATE OF
ARKANSAS.
FORM 990, PART VI, SECTION A, LINE 10: A TAX RETURN DRAFT WILL BE PROVIDED
TO EACH VOTING MEMBER UPON REQUEST. IT HAS NOT BEEN A REQUIREMENT TO
PROVIDE THE REPORT BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING
DOCUMENTS, FINANCIAL STATEMENTS AND TAX RETURN ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2008 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling 71-0723879 entity entity Œ Ē End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Ē Œ YES Exempt Code Total income section 9 501(C)(3) 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ග</u> ▶ See separate instructions. ARKANSAS ARKANSAS SYMPHONY ORCHESTRA FOUNDATION CONCERTS, PERFORMANCES & EDUCATION TO INCREASE Primary activity Primary activity ORCHESTRAL MUSIC <u>@</u> <u>@</u> Identification of Related Tax-Exempt Organizations ARKANSAS SYMPHONY ORCHESTRA SOCIETY INC. -71-6059542, 2417 NORTH TYLER - BYRNE HALL Identification of Disregarded Entities Name, address, and EIN of disregarded entity Name, address, and EIN of related organization LITTLE ROCK AR 72207 Name of the organization Part II Part

Schedule R (Form 990) 2008

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

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Schedule R (Form 990) 2008 ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or	managing partner?	Yes No		_				 _			
(H) (I) (J) (J) (J) (Disproportion-	amount in box 20 of Schedule	K·1 (Form 1065)							-		
(H) Disproportion-	ate allocations?	Yes No									
(G) Share of	end-of-year assets										
(F) Share of total	income		-								
(E) Predominant income	(related, investment, unrelated)										
(D) Direct controlling	entity										
(C) Legal domicile	(state or foreign	country)		-							
(B) Primary activity											
(A) Name, address, and EIN	of related organization										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(0)	(a)	(E)		(5)	£
name, address, and Env of related organization	Frimary activity	Legal domicite (state or foreign country)	Direct controlling entity	(C corp, S corp, or trust)	Share of total	Share of end-of-year assets	Percentage ownership
							_
			_				
				-			
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Schedule R (Form 990) 2008 ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	윋
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?			1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		1b X	
c Gift, grant, or capital contribution from other organization(s)		1c	×
d Loans or loan guarantees to or for other organization(s)		10	×
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		4	×
g Purchase of assets from other organization(s)		X et	
h Exchange of assets		÷	×
i Lease of facilities, equipment, or other assets to other organization(s)	•	;=	×
	•		;
Lease of facilities, equipment, or other assets from other organization(s		=	× :
K Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
		=	× :
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×
n Sharing of paid employees		£	×
A Baimhi reamant naid to other oxpanization for expanses			>
		2	∢ :
p Reimbursement paid by other organization for expenses		4	×
q Other transfer of cash or property to other organization(s)		100	×
- 1		1r	×
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,	sholds.		
(A) (B)		Q	
rganization(s) Tran		Amount involved	
(1) ARKANSAS SYMPHONY ORCHESTRA SOCIETY, INC.		250,00	.000
(2) ARKANSAS SYMPHONY ORCHESTRA SOCIETY, INC.		105.156	9
(3)			
(4)			
(5)			
(9)			ŀ
832163 12-23-08	Schedule R	Schedule R (Form 990) 2008	8

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Part VI Unrelated Organizations Taxable as a Partnership

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)	(8)	(0)	<u>©</u>	(E)	(F)	(5)	£
Name, address, and EIN of entity	Primary activity	nicile	Are all partners section 50 1(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing partner?
		- 1	Yes No			(Form 1065)	Yes No
			-				
			-				_
							!
			-				
			_				
			·				
						Schedule R (Form 990) 2008	1 990) 2008

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Form. 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box		> X
-	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi		•
	mplete Part II unless you have already been granted an automatic 3-month extension on a previously	filed F	orm 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporal	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete	1
Part I only			
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a me tax returns.	ın exte	nsion of time
noted belo (not autom you must s	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens we (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic towefile and click on e-file for Charities & Nonprofits.	nically onsolic	if (1) you want the additional dated Form 990-T. Instead,
Type or print	Name of Exempt Organization	Emp	oloyer identification number
	ARKANSAS SYMPHONY ORCHESTRA FOUNDATION	1 7	71-0723879
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 2417 NORTH TYLER - BYRNE HALL		
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LITTLE ROCK, AR 72207		
Check typ	e of return to be filed(file a separate application for each return):	QWA1	L REVENUE GETWICE
Form	990	720 227 069 \ (TELLASSISTANCE DV 16 2009
	990-PF Form 1041-A Form 8 SHELLEY MYERS	ن	CIVED 35402
Telepho If the org	ks are in the care of ► 2417 N. TYLER - BYRNE HALL - LITTLE ROC ne No. ► (501) 666-1761 FAX No. ► ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is fo	or the whole group, check this
F	lest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unifically 15 , 2010 , to file the exempt organization return for the organization named at the organization's return for:		The extension
► [2	calendar year or , and ending		<u> </u>
2 If this	tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	20	\$
	fundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	
	application is for Form 990-PF or 990-1, enter any relationable credits and estimated ayments made. Include any prior year overpayment allowed as a credit.	3b	\$
tay n			
	ace Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required.		
c Balar depos	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c	s N/A

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			Page 2	
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and			
	Only complete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed	Form 8868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				
[Fart		onginai (no co		
Type o	Name of Exempt Organization		Employer identification number	
print	ARKANSAS SYMPHONY ORCHESTRA FOUNDATION		71-0723879	
File by the extended due date	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only	
filing the return. S instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Check	type of return to be filed (File a separate application for each return):	1		
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form	m 1041-A [m 4720 [Form 5227 Form 8870	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.				
	SHELLEY MYERS books are in the care of 2417 N. TYLER - BYRNE HALL - LIT	TLE ROC	K, AR 72207	
Telephone No. ► (501) 666-1761 FAX No. ►				
If the organization does not have an office or place of business in the United States, check this box				
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this				
box Lifit is for part of the group, check this box Light and attach a list with the names and EINs of all members the extension is for.				
4 I request an additional 3-month extension of time until <u>MAY 15, 2010</u> .				
	For calendar year, or other tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u> .			
	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period			
	· · · · · · · · · · · · · · · · · · ·			
•	ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION REQUESTED FROM THIRD PARTIES WHICH IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.			
			RATE RETURN.	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less nonrefundable credits. See instructions.	s any		
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and e	ntimeted	8a \$	
	r this application is for Form 990-FF, 990-1, 4720, or 6069, enter any fertificable credits and el ax payments made, include any prior year overpayment allowed as a credit and any amount p			
	ax payments made, include any prior year overpayment allowed as a credit and any amount p previously with Form 8868.	Jaiu	8b \$	
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	l denosit	5b \$	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se		8c \$ N/A	
	Signature and Verification	s motrootions.	11/11	
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and stater e, correct, and complete, and that I am authorized to prepare this form.	nents, and to the	best of my knowledge and belief,	
Signati		، ۔ ۔ ۔ ۔ ،	Date > 2/11/10	
Signati	Tide Programme	-214722	Form 8868 (Rev. 4-2009)	
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