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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUN 1, 2009 and ending MAY 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: SINFONIA EDUCATIONAL FOUNDATION. D Employer identification number: 61-0606272. E Telephone number: 812-867-2433. F Group Exemption Number.

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: WWW.SINFONIA.ORG/SEF/. J Tax-exempt status (check only one): 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 78,830.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes like 'RECEIVED' and 'SEE STATEMENT 4'.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets, showing (A) Beginning of year and (B) End of year values.

SCANNED JUN 14 2012

98 20

<b>Part III</b> Statement of Program Service Accomplishments (See the instructions for Part III.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <b>SEE STATEMENT 9</b>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(e)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	<b>SCHOLARSHIPS ARE GIVEN TO DESERVING INDIVIDUALS TO ASSIST THEM IN THEIR MUSIC ENDEAVORS AND STUDIES.</b>	
	(Grants \$ <b>8,592.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <b>8,592.</b>
29		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) <input type="checkbox"/>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32 8,592.</b>

<b>Part-IV</b> List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DEREK J. DANILSON 9 MEDAL DRIVE, ROYERSFORD, PA 19468	PRESIDENT 2.00	0.	0.	0.
JOHN M. DOHERTY, 3412 GREENVILLE LOOP RD, WAKE FOREST, NC 27587	TRUSTEE 2.00	0.	0.	0.
CLINT W. WILLIAMS 2650 BRENTWOOD DR, NORMAN, OK 73069	SECRETARY 2.00	0.	0.	0.
ANDREW F. WEST, 404 KISSING OAK DRIVE, AUSTIN, TX 78748	VICE-PRESIDENT 2.00	0.	0.	0.
MARK L. EUTSLER PO BOX 61, LINDEN, IN 47955	TRUSTEE 2.00	0.	0.	0.
BINCINS C. GARCIA 529 N. WHITTER ST, ANAHEIM, CA 92806	TRUSTEE 2.00	0.	0.	0.
JOHN E. CERESO, 2920 N. GREEN VALLEY PKWY, HENDERSON, NV 89014	TREASURER 2.00	0.	0.	0.
RICHARD A. CROSBY 212 DELMAR DRIVE, RICHMOND, KY 40475	TRUSTEE 2.00	0.	0.	0.
DR. JEFFREY R. HIGHLAND, 76 UTSALADY RD, CAMANO ISLAND, WA 98282	TRUSTEE 2.00	0.	0.	0.
DR. ROLLAND H. SHAW, 108 FRENCHMAN'S CAY, RIDGELAND, MS 39157	TRUSTEE 2.00	0.	0.	0.
MR. K. DEAN SHATLEY II, 674 MERRIMON AVE, STE 210, ASHEVILLE, NC 28804	TRUSTEE 2.00	0.	0.	0.
DR. KEVIN H. GOEBBERT 2006 STURDY RD, VALPARAISO, IN 46383	TRUSTEE 2.00	0.	0.	0.
MR. MATT J. KOKES, 24077 PEARTREE CIRCLE, PLAINFIELD, IL 60585	TRUSTEE 2.00	0.	0.	0.
MR. CHRISTIAN O'DONNELL 2411 AUGUSTA RD, ARDMORE, OK 73401	TRUSTEE 2.00	0.	0.	0.
MR. CHRISTER A. YANCEY, 4136 E. 52 ST, APT 1205, ODESSA, TX 79762	TRUSTEE 2.00	0.	0.	0.
MR. WALTER C. RILEY, 3328 CURTIS DR, APT T2, SUITLAND, MD 20746	TRUSTEE 2.00	0.	0.	0.
MR. JOHN ALAN MONGIOVI, 132 BUENA VISTA RD., EVANSVILLE, IN 47710	TRUSTEE 2.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶ IN		
42a	The organization's books are in care of ▶ MARY CARIE Telephone no. ▶ 812-867-2433		
	Located at ▶ 10600 OLD STATE ROAD, EVANSVILLE, IN ZIP + 4 ▶ 47711		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization a section 527 organization?  Yes  No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 5/9/2012

**JEREMY EVANS, CHIEF OPERATING OFFICER**  
Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 5/8/12 Check if self-employed:

Preparer's identifying number (See Instr):                     

Firm's name (or yours if self-employed), address, and ZIP + 4: **HARDING SHYMANSKI & CO., PSC**  
**P.O. BOX 3677**  
**EVANSVILLE, IN 47735**

EIN:                      Phone no.: **812-464-9161**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,566.	53,958.	51,519.	59,723.	69,069.	287,835.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	53,566.	53,958.	51,519.	59,723.	69,069.	287,835.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						287,835.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	53,566.	53,958.	51,519.	59,723.	69,069.	287,835.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	7,820.	10,441.	9,241.	7,666.	5,040.	40,208.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	4,575.	3,956.	16,466.	5,323.	4,721.	35,041.
<b>11 Total support.</b> Add lines 7 through 10 .....						363,084.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	79.28 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	77.49 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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

**b 33 1/3% support tests - 2008.** 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

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BOARD EXPENSES		-677.	
MISCELLANEOUS		152.	
POSTAGE		226.	
TRAVEL		316.	
DUES AND SUBSCRIPTIONS		428.	
DEPRECIATION AND AMORTIZATION		489.	
INSURANCE		765.	
OFFICE SUPPLIES		822.	
LEGAL FEES		1,385.	
INVESTMENT FEES		1,707.	
DEVELOPMENT EXPENSES		1,737.	
BANK CHARGES		2,888.	
INFORMATION TECHNOLOGY		3,440.	
ACCOUNTING FEES		6,745.	
INTEREST EXPENSE		12,781.	
ADVERTISING		13,185.	
TOTAL TO FORM 990-EZ, LINE 16		46,389.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVENTORY	13.	0.	
ACCOUNTS RECEIVABLE	238.	500.	
OTHER DEPRECIABLE ASSETS	504.	0.	
TOTAL TO FORM 990-EZ, LINE 24	755.	500.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	52,594.	1,262.	
NOTES PAYABLE	121,378.	65,391.	
LINE OF CREDIT	70,000.	0.	
CHAPTER FUNDS	0.	3,423.	
TOTAL TO FORM 990-EZ, LINE 26	243,972.	70,076.	

FORM 990-EZ

OTHER REVENUE

STATEMENT 4

DESCRIPTION

AMOUNT

SCHOLARSHIPS

738.

PLEGGED DONATIONS

1,708.

OTHER REVENUE

2,275.

TOTAL TO FORM 990-EZ, LINE 8

4,721.

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**FORM 990-EZ            GAIN (LOSS) FROM SALE OF OTHER ASSETS            STATEMENT    5**


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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	12/20/05	05/31/10	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	500.	1,955.	0.	1,955.	500.
TO FORM 990-EZ, LINE 5	500.	1,955.	0.	1,955.	500.

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**FORM 990-EZ            OTHER CHANGES IN NET ASSETS OR FUND BALANCES            STATEMENT    6**


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DESCRIPTION	AMOUNT
UNREALIZED GAINS	22,437.
TOTAL TO FORM 990-EZ, LINE 20	22,437.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 7

<u>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</u>	<u>GRANTEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS SCHOLARSHIPS	VARIOUS INDIVIDUALS	6,500.
TRAVEL GRANTS	COLLEGIATE MEMBERS	2,092.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>8,592.</u>

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

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A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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THE FOUNDATION OPERATES EXCLUSIVELY TO PROMOTE AND SUPPORT CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL ORGANIZATIONS AND ACTIVITIES THROUGHOUT THE U.S., TO ENRICH THE LIVES OF COLLEGIATE SINFONIANS, AND TO ADVANCE MUSIC IN AMERICA BY SUPPORTING SCHOLARSHIP, EDUCATION, AND THE DEVELOPMENT OF LEADERSHIP AND NOBLE IDEAS AMONG FUTURE GENERATIONS OF MUSICIANS AND SUPPORTERS OF MUSIC IN AMERICA.