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# SCANNED NOV 0 1 20

990 Form

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)

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

OMB No 1545-0047 2009

Open to Public

Form 990 (2009) I

Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning Jun 01, 2009, and ending May 31,2010 Check if Please use IRS C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number applicable 75-2281734 Address change label or print or Name change Abilene Philharmonic Foundation E Telephone number type Initial return 325-677-6710 See Specific 402 Cypress St Suite 130 Terminated 45969. \$ Instruc-Abilene TX 79601-5123 Amended return H(a) Is this a group return Application Name and address of principal officer Harriet J Bass Yes 🛛 No for affiliates? pendina TX 79601-Cypress Su Abilene Are all affiliates included If "No", attach a list Tax-exempt status X 501(c)( 3 ) **∢** (insert no ) 4947(a)(1) or Yes No (see instructions) Website: ▶ H(c) Group exemption number K Form of organization Corporation Trust Association Other > Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Funds were provided by appropriate investments for the benefit Activities & Governance of the Abilene Philharmonic Association, 75-6004978 Check this box 

If the organization discontinued its operations or disposed eliminary 25% of its net assets Number of voting members of the governing body (Part VI, line 1: 9 Number of independent voting members of the governing body (Part 4 line 1b) OCT 1 3 2010 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C) line 12 GDEN, UT 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 25492 19596. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -60396 26373. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -34904 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45969. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 58939. 48496. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee 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) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 12404. 12634. <del>71</del>343. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 61130. -106247-15161. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current **End of Year** 20 Total assets (Part X, line 16) 1305654 1466761. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1305654 1466761. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Harriet J Bass Treasurer Type or print name and title Preparer's identifying number Check if self-Preparer's Date Paid (see instructions) signature 08/24/2010 P00475148 employed ▶ Preparer's 75-2570775 Firms name (or yours Duffel Borden EIN Þ **Use Only** if self-employed) 226 South ABILENE TX 79605-Phone no ▶ 325-673-1040 May the IRS discuss this return with the preparer shown above? (See instructions) Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

75-2281734

Page 2

Form	990 (2009) Abilene Philharmonic Foundation 75	-228	1734	Page
Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II .	4	}	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5	1	
6	Did the organization maintain any donor advised funds or any similar 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		1	
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1	-
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	'	1	
• •	VII, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	-	·1,	- 1 - 1 ×
	Schedule D, Part VI	ļ		, h
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	ļ	,	< ;
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	ĺ		*
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			ر الناها
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1	5.	. `\$.
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	'		,, ,
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			•
	Schedule D, Parts XI, XII, and XIII	12		X
12A		No		. 1
		X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	141		X
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 II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	''	<u> </u>	+
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	.   16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,		1	<del>                                     </del>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Ì	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	1

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18

19

20

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	l		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	;		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		l x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	. 38	Х	
			rm 990	(2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	<del></del>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 1		ı
	gaming (gambling) winnings to prize winners?	1c	X	Ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	<del>_</del>	ı	ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	İ
	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	1 - 1		ι.
	this return?	3a		-
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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			2
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "You " to question Force Fb, did the organization file Form 9996 T. Displaying by Tay Evernat Entity Regarding.	ac		
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	Fo		ĺ
22	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
oa	organization solicit any contributions that were not tax deductible?	6a		:
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ga		<u> </u>
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c)	00		L
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1		ł
_	and services provided to the payor?	7a		] :
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	; - '		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		] :
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_	Χ	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1 .		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	96		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
a b				
b	against amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 91 1a Enter the number of voting members of the governing body 9 **b** Enter the number of voting members that are independent 1h 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? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? . . . 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? X .. .... .. . b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11 Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? Χ 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ...... 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official? **b** Other officers or key employees of the organization? If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .. . ... b 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 exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Abilene Philha 402 Cypres Abilene TX 79601 325-677-6710

## 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average | Position (check all that apply) Reportable Reportable Estimated Officer hours per Highest compensated employee compensation compensation amount of Individual trustee or director Institutional trustee Key employee week from from related other the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations James Hughes President 2 Χ 0 0 0 Mark Hoover Vice Pres 1 X 0 0 0 Lynette Maniss Secretary 2 Х 0 0 Harriet Bass X 0 Treasurer 4 0 0 C Taliaferro 1 Director X 0 0 0 Eddie Hodges Director 1 Х 0 0 0 Kelly Jones Director 1 X 0 0 G Neatherlin Director 1 Χ 0 0 0 V McCracken 1 Х 0 0 Director 0 Leanne Baldwin 1 0 Director Χ 0 0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

· (A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average		on (ch		all t	hat ap	Т	Reportable	Reportable	Estimated
•	hours per	익	lns	읔	6	ᆲ	Fo	compensation	compensation	amount of
	week	l vid	<u> </u>	Officer	en en	ploy	Former	from	from related	other
		Individual trustee or director	Institutional truste		Key employee	Highest compensated employee		the	organizations	compensation
		trus	<del> </del>		yee	ğ		organization	(W-2/1099-MISC)	from the
		tee	ıste		-	ens		(W-2/1099-MISC)		organization
			<sup>™</sup>			atec				and related organizations
-						_				Organizations
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1b Total							<u> </u>	0	0	0
2 Total number of individuals (including but r	not limited t	to thos	e liste	d ab	ove	) who	rece	ived more than \$100	,000 in reportable co	ompensation
from the organization >										
O Did the constraint of the form										Yes No
3 Did the organization list anyformer officer,					-	ee, or	nıgn	est compensated		
employee on line 1a? If "Yes," complete So						and a	thor	componentian from		3   X
4 For any individual listed on line 1a, is the s the organization and related organizations										
individual	greater the	311 <b>D</b> 1 J	0,000	• 11	163	, com	piete	s Scriedule 3 foi suci	1	
5 Did any person listed on line 1a receive or	accrue cor	mnens	ation f	from	anv	unrel:	ated	ornanization for		4 X
services rendered to the organization? If "										5   X
Section B. Independent Contractors		.0.0 0				our p		<u> </u>		
Complete this table for your five highest co	mpensate	d indei	pende	nt co	ontra	ectors	that	received more than S	\$100.000 of	<del> </del>
compensation from the organization	•									
(A)					_			(B)		(C)
Name and busines	s address							Description of	services	Compensation
None										
								_		
							Ļ.			
2 Total number of independent contractors ( \$100,000 in compensation from the organi		ut not	iimited	10 t	nos	e iisted	ab	ove) who received m	ore than	10 10 10 10 10 10 10 10 10 10 10 10 10 1

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			e Philharm	onic Fou	ndation		75-2281	73 <u>4</u> Page <b>9</b>
Part	VIII	Statement of	Revenue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
•						exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
N. N	1a	Federated campai	gns 1a					•
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
	С	Fundraising events	s 1c					
gift	d	Related organizati	ons . 1d		:			
SI E	e	Government grants (contributions)	1e		1 5			
er s	f	All other contributions, gi grants, and similar amou	ภts					
를들	g	not included above Noncash contributions	1f	19596.				
ago	.	included in lines 1a-1f	\$		10506			
	h	Total. Add lines 1	a-11	<u> </u>	19596.			
Program Service Revenue				Business Code	<u> </u>		I	
Şe	2a _			-				
9	b _							
ē	c _	<del></del>		-				
S	e -			-				
grar	f -	All other program	service revenue					
P.	g	Total. Add lines 2		<b>&gt;</b>				
	3	Investment income	e (including dividend	s, interest, and				
		other similar amou	ınts) .	<b>•</b>	28615.			28615.
	4	Income from investment	of tax-exempt bond proceed	is •				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	ļ		1			
	b	expenses Rental income	-					
	C	or (loss)			! 		I	
	d	Net rental income Gross amount from		(v) Other				
	7a	sales of assets	(i) Securities 667945.	(II) Other	<u> </u>			
	ь	other than inventory Less cost or other	007943.		1			
	"	basis and sales expenses	670187.					
	c	Gain or (loss)	-2242.		1			
	d	Net gain or (loss)		<b>&gt;</b>	-2242.	- va su-		-2242.
	8a	Gross income from fundi	raising events	·	1	<del></del>	1	
e		(not including \$			,			
Ven		of contributions reported	on line 1c)		1			
Other Revenue	İ	See Part IV, line 1	8 a		1			
ther	b	Less direct expen			1 1		1	1
Ó	С		ss) from fundraising e	events •				<u> </u>
	9a	Gross income from						
	١.	activities See Par		·	3			
	1	Less direct expen	\ <del></del>		1		I	
	100	Gross sales of inv	ss) from gaming activ	ities •	<u> </u>			<u> </u>
	104	returns and allowa	-		1			
	ь	Less cost of good	<del> </del>		•			
	c	_	ss) from sales of inve	ntory •				1
		Miscellaneo		Business Code	,	_		
	11a				]	-		
	b							-
	С							
	d	All other revenue				<del>-</del>		
	e	Total. Add lines 1	1a-11d	•			<del>                                     </del>	•
	12	Total revenue			15050			0.55=5
	1	See instructions	<u> </u>	▶	45969.		<u> </u>	26373.
BCA	Сор	synght form software only,	2009 Universal Tax System	s, Inc. All rights reserve	ed US990\$\$	9 Rev 1		Form <b>990</b> (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c		required to complete		
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	<del></del>	<u> </u>	general expenses	СХРСПЭСЭ
•	organizations in the U.S. See Part IV, line 21	48496.	48496.		
2	Grants and other assistance to individuals in	10150.	10130.		
2	the U.S. See Part IV, line 22				
•	· .		<del></del>	ı	
3	Grants and other assistance to governments,			<b>)</b> 1	
	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 salaries 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)				
a	Management				
b	Legal .				
С	Accounting	2500.		2500.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9126.		9126.	
g	Other			-	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<del></del>
15	Royalties		<del></del>		
16	Occupancy		<del> </del>		
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	1008.	1008.		
23	Insurance	1000.	1000.		
24	Other expenses Itemize expenses not			<u> </u>	
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
_	5% of total expenses shown on line 25 below )			<u> </u>	
a			<u> </u>		
b					
C	<del></del>				
d					
e					<del></del>
f	All other expenses	63.7.00	40===		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	61130.	49504.	11626.	
26	Joint costs Check here ▶ ☐ If 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				

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Par	t X	Balance Sheet				
	•			(A)		(B)
				Beginning of year		End of year
•	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	8562.	2	710.	
	3	Pledges and grants receivable, net		2291.	3	1144.
	4	Accounts receivable, net			4	646.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II of Sch	1 L   .	5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 49	The second secon	1		
		Part II of Schedule L			6	
Ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other		1		
		basis Complete Part VI of Schedule D		<u>56.</u> '		
	b	Less accumulated depreciation .	<b>10b</b> 55	44. 2520.	10c	1512.
	11	Investments - publicly traded securities		943936.	11	1082149.
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	-	348345.	15	380600.
	16	Total assets Add lines 1 through 15 (must equa	al line 34)	1305654.	16	1466761.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19	-	
	20	Tax-exempt bond liabilities		20		
s	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key			
abil		employees, highest compensated employees, a	nd disqualified		,	
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties .		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities Add lines 17 through 25			26	
		Organizations that follow SFAS 117, check he	re ▶ 🏻 and			
δ		complete lines 27 through 29, and lines 33 and	d 34.	,		en distribuir de min en en en se endistribuir
JCe	27	Unrestricted net assets	-		27	
ala	28	Temporarily restricted net assets		1305654.	28	1466761.
g B	29	Permanently restricted net assets	_		29	
<u>.</u> 5		Organizations that do not follow SFAS 117, ch	eck here 🕨 🗍			
<u> </u>		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et A	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances .		1305654.	33	1466761.
	34	Total liabilities and net assets/fund balances		1305654.	34	1466761.

Form **990** (2009)

orm 9	990 (2009) Abilene Philharmonic Foundation	75-2281734	Pag	e 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
•	If the organization changed its method of accounting from a prior year or checked ``Other," explain in Schedule O			. 4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f the		
	audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
	If the organization changed either its oversight process or selected process during the tax year, explain in			
	Schedule O		7. å	43.5
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were		( 'A	~ ( ********
	issued on a consolidated basis, separate basis, or both			165h 1
	Separate basis Consolidated basis Both consolidated and separate basis	1		4.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		`	
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

\_3b Form **990** (2009)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organizations or a section

Employer identification number

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

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	ΑŁ	ollene Phill	harmonic Fo	undat	ion				75	-228	1734			
F	art	Reason fo	r Public Charity S	tatus	(All organizations	must cor	nplete th	ııs part )	See ins	tructions		_		
1 2 3	org	A church, convention A school described in A hospital or a coope	ate foundation because of churches, or associ section 170(b)(1)(A)(ii rative hospital service	ation of cl i). (Attach organizati	nurches described in Schedule E ) on described insect	section on 170(b	170(b)(1) b)(1)(A)(i	)(A)(i). ii)	(4)/ <b>A</b> VIII	\ Entor t	ho hosn	ital's gar	no	
4	Ш	city, and state	rganization operated in	i conjunct	ion with a nospital c	escribea	ISECTIO	ו(מ)טיווי	(1)(A)(III	) Enter t	ne nosp	itai \$ nar	ne,	
5 6 7 8 9		An organization open.  170(b)(1)(A)(iv). (Cor.  A federal, state, or low An organization that it described in section.  A community trust de. An organization that it receipts from activitie support from gross in	ated for the benefit of a inplete Part II ) cal government or gove normally receives a sub 170(b)(1)(A)(vi) (Comp scribed insection 170( normally receives (1) in is related to its exempt evestment income and in inization after June 30,	ernmental postantial polete Part (b)(1)(A)(v) more than functions unrelated	unit described inser art of its support fro il) (Complete Part II 33 1/3 % of its suppose subject to certain business taxable in	etion 170 m a gove ) port from exception come (les	(b)(1)(A) ernmenta contribu is, and ( ss sectio	(v). If unit or tions, me 2) no mo n 511 ta	from the embersh	e general up fees, a 33 1/3 %	public and gros			
10	П					-		•						
11		An organization organized and operated exclusively to test for public safety Sessection 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sessection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II c Type III - C Type III - Functionally integrated d Type III - Other												
е	X	By checking this box,	I certify that the organ	ization is i	not controlled direct	ly or indir	ectly by	one or m	ore disc	qualified				
f g	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?													
		(i) A person who dir	ectly or indirectly contro	ols, either	alone or together w	ıth perso	ns desci	ribed in (	ш)				Yes	No
		and (III) below, th	e governing body of th	e support	ed organization?							11g(i)		Х
		(II) A family member	of a person described	ın (ı) abo	ve?							11g(ii)		X
		• •	entity of a person des		, , ,				•			11g(iii)	l	X
<u>h</u>			information about the			T-· ·				1				
	(i)	Name of supported organization	(ii) EIN		pe of organization ibed on lines 1-9	(IV) Is the state of the state	ne organ- ın col	(V) Di			s the ation in	l ' '	Amoun upport	
				abov	e or IRC section	(I) listed	ın your	organiz	ation in	col	(i)			
				(se	e instructions))	gove	ming	col (i)	of your		nızed			
						docun	1		oort?	in the				
						Yes	No	Yes	No	Yes	No			
	Αŀ	oilene	75-6004978	9		Х		Х		Х			484	96.
	Ρł	nilharmonic												
_	As	ssociation												
	tal												484	96.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

 OMB No 1545-0047

2009

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Name of the organization Employer identification number Abilene Philharmonic Foundation 75-2281734 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered Yes" to Form 990, Part IV, line 8 1 a 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 2 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ...

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

Schedule D (Form 990) 2009

Part VI	Investments - Land, Buildin	gs, and Equipment.	See Form 990, F	Part X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land b Buildir	ngs				
d Equipi	ment .	7,056.		5,544.	1,512.
e Other	nes 1a through 1e (Column (d) should eq	ual Form 990 Part X colu	ımn (B) line 10(c) )	•	1,512.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Abilene Philharmon	ic Foundatio	on 75-22	281734 Page <b>3</b>
Part VII Investments - Other Securities. See	Form 990, Part X, line 1	12	
(a) Description of security or category	(b) Book value	(c) Method of va	luation
(including name of security)		Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
			<del>-</del>
		-	
		· · · · · · · · · · · · · · · · · · ·	<u></u>
<u> </u>			
		<del> </del>	
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		<u> </u>	
Part VIII Investments - Program Related. See	e Form 990, Part X, line 1	13	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
		Cost or end-of-year m	arket value
			****
			· ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Descript			(b) Book value
Beneficial Interest in Assets Held	by Others -		
Community Foundation of Abilene			380,600.
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	-	<b>.</b>	380,600.
Part X Other Liabilities. See Form 990, Part X, line	25		
1 (a) Description of Liability	(b) Amount	_	<del></del> -
Federal Income Taxes	İ	_	
		_	
		_	
	1	_	
	†	_	
		_	
		_	
		_	
		_	
		_	
	-	_	
	-	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the	e organization's financia	I statements that reports the organ	ization's
liability for uncertain tax positions under FIN 48			

	edule D (Form 990) 2009 Abilene Philharmonic Foundation	<u> 75-228</u>	1734	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financi	al Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45	,969.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61	,130.
з.	Excess or (deficit) for the year Subtract line 2 from line 1	3		,161.)
4	Net unrealized gains (losses) on investments	4		,268.
5	Donated services and use of facilities	5		<u> </u>
6	Investment expenses .	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9	176	,268.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		,107.
Par	Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Retu		<u></u>
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ــــــــــــــــــــــــــــــــــــــ		
а	Net unrealized gains on investments . 2a			
b	Donated services and use of facilities	<del></del>		
c	Recoveries of prior year grants . 2c		1	
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d .	2e	!	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line	3		
a	- · · · · · · · · · · · · · · · · · · ·	<del></del> ,	T.	
b	<u> </u>	<del></del>	ı	
- C	Add lines 4a and 4b	4c	<del> </del>	<del> </del>
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	5	<u> </u>	
	Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Ke	turn	
1	Total expenses and losses per audited financial statements	1	ļ	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	<u>2e</u>	<del>                                     </del>	
3	Subtract line 2e from line 1	3	<u> </u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV) . 4b			
С	Add lines 4a and 4b .	. 4c		
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	. 5	L	
Par	rt XIV Supplemental Information	···		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,			
Part 2	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pro	vide any add	itional informa	ation
_				<del></del>

# SCHEDULE (Form 990)

Department of the Treasury

Partl

Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 2009

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Employer identification number Yes 75-2281734 X Complete if the organization answered "Yes" to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria Grants and Other Assistance to Governments and Organizations in the United States. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance Abilene Philharmonic Foundation used to award the grants or assistance? .. Name of the organization

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part II

ş

Part IV and Schedule I-1 (Form 990) if additional space is needed	-1 (Form 990) if additi	ional space is needed					<b>▲</b> . :
1 (a) Name and address of	(a) EiN	(c) IRC	(d) Amount of cash	(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section if applicable	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Abilene Phil. Assn. Abilene, TX 79601	75-6004978	501c3	48,496.				Operations
							:
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and governm	ent organizations				.:	1
3 Enter total number of other organizations	anizations	:	:	:	:	<b>▲</b> ::	

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

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Schedule I (Form 990) 2009

### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Abilene Philharmonic Foundation	Employer identification number 75-2281734
Part VI, Line 11A Review of Form 990	
Upon completion of the Form 990, it was e-mailed to t	the president
and the treasurer of the Board of Directors. They bo	oth reviewed it
before it was filed.	
Part VI, Line 19	
The Organization makes its governing documents and fi	inancial statements
available to the public upon request.	

BCA

OMB No. 1545-0047 Schedule R (Form 990) 2009 Open to Public Inspection Direct controlling Direct controlling (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Employer identification number entity N/A 75-2281734 Public charity status (if section 501(c)(3)) 11, TypeIII End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code section Total income (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) Related Organizations and Unrelated Partnerships ਉ ਉ 501c3 ► See separate instructions. Legal domicile (state Legal domicile (state or foreign country) or foreign country) Ϋ́ Primary activity Primary activity Orchestra 75-6004978Symphony ▶ Attach to Form 990. 9 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations 79601-Abilene Philharmonic Foundation Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Identification of Disregarded Entities tax-exempt organizations during the tax year) TXAbilene Philharmonic Assn Abilene Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part I

Part III

Page 2

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or

75-2281734

General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule (Form 1065) ₹ Disproportionate allocations? ŝ Yes Share of end-ofyear assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling more related organizations treated as a partnership during the tax year) ਉ (c) Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization

(Complete if the organization answered `Yes" on Form 990, Part IV, line 34 because it Identification of Related Organizations Taxable as a Corporation or Trust Part IV

3 3 9 £ had one or more related organizations treated as a corporation or trust during the tax year )

Ξ	Percentage	ownership	00.0	00.0	00.0	00.0	0.00	00.0	
(B)	Share of end-of-	year assets							
€	Type of entity (C corp.   Share of total income								
(e)	Type of entity (C corp,	S corp, or trust)							
<del>(</del> 0)	Direct controlling	entity							
<u>(၁</u>	Legal domicile (state or	foreign country)							
<u>(a)</u>	Primary activity								
(e)	Name, address, and EIN of related organization								

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