

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



Form **990**

Department of the Treasury Internal Revenue Services **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)

2009

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

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010				
	Вс	heck if	Please C Name of organization	D Employer identific	cation number			
	aţ	plicable	use IRS					
		Addres	arkansas symphony orchestra foundation					
]Name chang	Doing Business As	71-0	723879			
]initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	ī			
		Termin ated	Instruction I I I I I I I I I I I I I I I I I I I	(501	<u>) 666-1761</u>			
		Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>827,416.</u>			
		Applic tion pendir	DITTLE ROCK, AR /220/	H(a) Is this a group re				
		porton	F Name and address of principal officer:DR. JONATHAN BATES	for affiliates?	Yes X No			
			6 POINT CIRCLE, LITTLE ROCK, AR 72205	H(b) Are all affiliates inc				
			empt status	If "No," attach a list. (see instructions)				
			e: N/A	H(c) Group exemption number				
1		rt I	organization: X Corporation	of formation: 1982 N	State of legal domicile: AR			
	Га	_	Briefly describe the organization's mission or most significant activities: THE FOUNDA	ARTON HOLDS	ENTOWNMENT			
	<u>S</u>		FUNDS TO SUPPORT THE PROGRAMS OF THE ARKANSAS					
	nan		Check this box if the organization discontinued its operations or disposed of mor					
	Ve		Number of voting members of the governing body (Part VI, line 1a)	3	6			
	ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)	4	6			
	8		Total number of employees (Part V, line 2a)	5	0			
	itie		Total number of volunteers (estimate if necessary)	6	0			
	Activities & Governance		Total gross unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.			
_	_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
2010			T RECEIVE AND	Prior Year	Current Year			
7	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	57,436.	66,394.			
9	en		riogram service revenue (r art vini, line 29)					
7	Revenue		investment income (Part VIII, column (A), lines 3, 4, and 70)	-2//,021.	-1,556.			
DEC 1			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-340,565.	1,442.			
	-		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) line 12)	<u>-560,750.</u>	66,280.			
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines (3) Benefits paid to or for members (Part IX, column (A), line 4)	105,156.	305,010.			
Z	,,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		- · · -			
F	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					
ပ္က	per		Total fundraising expenses (Part IX, column (D), line 25)					
U J	ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,640.	34,928.			
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	117,796.	339,938.			
		19	Revenue less expenses Subtract line 18 from line 12	-678,546.	-273,658.			
	Net Assets or Fund Balances		<u>B</u>	eginning of Current Year	End of Year			
	sset 3alai	20	Total assets (Part X, line 16)	4,209,715.	4,231,303.			
	et A		Total liabilities (Part X, line 26)	4,068.	3,388.			
		rt II	Net assets or fund balances Subtract line 21 from line 20	4,205,647.	4,227,915.			
	Pa	irt 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 knowled	ne 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	,	/ Lab. 2010.1, 10 220, 001001,			
	Sign	,	- Drighthau Batil	1 10/19	5/10			
	Her		Signature of officer	Date				
		•	DR. JONATHAN BATES, PRESIDENT					
			Type or print name and title					
	Paid			neck if Prepare (see in:	er's identifying number structions)			
		arer's	signature V C / Michael V / Mann	nployed 🕨 🔲				
	•	Only	Firm's name (or yours if JEFFREY PHILLIPS MOSLEY & SCOTT, P.A	• EIN ►	· · · · · · · · · · · · · · · · · · ·			
			self-employed), address, and 11300 CANTRELL ROAD, SUITE 301	_	04 005 5000			
	_		ZIP+4 LITTLE ROCK, ARKANSAS 72212] Phone no. ► 5	01-227-5800			
	May	the II	RS discuss this return with the preparer shown above? (see instructions)		. X Yes No			

	1 990 (2009) ARKANSAS SYMPHONY ORCHESTRA FOUNDATION 71-0723 rt IV Checklist of Required Schedules	<u>879</u>	Р	age 3
L			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Α_	х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
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		
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 Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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 Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	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 separate, independent audited financial statements for the tax year? If "Yes," complete	_		
404	Schedule D, Parts XI, XII, and XIII.	_12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A X			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			v
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		_X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		Λ.
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		Λ
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A) lines 6 and 11e? If "Yes " complete Schedule G. Part I	17		Y

Form **990** (2009)

18

19

X

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

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

complete Schedule G, Part III

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

	rt IV Checklist of Required Schedules (continued)	0 / 9	<u> </u>	age 4
Fa	Officerist of frequired scriedules (continued)	т —		
	Did the experience report may then 65 000 of supple and other constants to a supple and a supple		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 1? 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 United States on Part IX,			,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	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
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		Х
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		X
¢	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		Х
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		X
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		Х
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	х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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		_	

Form **990** (2009)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	U.S. Information Returns. Enter -0- if not applicable	ŀ								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	_X_							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1						
	filed for the calendar year ending with or within the year covered by this return 2a 2			1						
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X_						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b								
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)?	4a		X						
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?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		1						
ο-	Tax Shelter Transaction?	5c								
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		v						
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		_X_						
U	were not tax deductible?	6b		1						
7	Organizations that may receive deductible contributions under section 170(c).	00		<u> </u>						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			1						
_	provided to the payor?	7a		х						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			ł						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ĺ						
	benefit contract? .	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X						
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			1						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		ĺ						
_	at any time during the year?	8		 						
9	Sponsoring organizations maintaining donor advised funds.			1						
a	Did the organization make any taxable distributions under section 4966?	9a		$\vdash \vdash$						
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	_							
10 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									
11	Section 501(c)(12) organizations. Enter:	İ								
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1						
_	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								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
		Earm	990	(2000)						

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

<u>Sec</u>	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		6			
b	Enter the number of voting members that are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wıt	h any other				
	officer, director, trustee, or key employee?			ļ	2		X
3	Did the organization delegate control over management duties customanly performed by or under the	ne dir	ect supervision	i			
	of officers, directors or trustees, or key employees to a management company or other person?			ļ	_3_		<u> X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		ļ	5		X
6	Does the organization have members or stockholders?			į	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the	I			
	governing body?				7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons		ļ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	duni	ng the year				
	by the following						
а	The governing body?				8a_	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	achec	l at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	<u>Reven</u>	ue Code)				
				r	-	Yes	No_
	Does the organization have local chapters, branches, or affiliates?				10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	iters, affiliates,	1	10b		
	and branches to ensure their operations are consistent with those of the organization?						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						_X_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						7.5
	Does the organization have a written conflict of interest policy? If "No," go to line 13			}	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld g	ve rise				
_	to conflicts?	P\/	9 documbo	ŀ	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	describe		40-		
13	In Schedule O how this is done Does the organization have a written whistleblower policy?			ŀ	12c 13		
14	Does the organization have a written document retention and destruction policy?			ŀ	14		X
15	Did the process for determining compensation of the following persons include a review and approve	al hv	ındenendent	ŀ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		посрепост				
2	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization		•	.	15b		X
•	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	,		-	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶AR	_					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	l(c)(3)s only) ava	allable	for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflu	ct of interest pol	licy, an	d fina	ncial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	janızat	เดก: 🕨		
	LINDA MACON - (501) 666-1761						
	2417 N. TYLER - BYRNE HALL, LITTLE ROCK, AR 72207	7		_			

932008 02-04-10

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's current 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

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated add		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. JONATHAN BATES		-	-		K	Ŧ 5	- B			
PRESIDENT		X	_	Х		ļ		0.	0.	0
T. MARTIN DAVIS DIRECTOR		х						0.	0.	0
DALE RONNEL TREASURER		x		X				0.	0.	0
PHILIP TAPPAN DIRECTOR		x						0.	0.	0
BRIGITA GARDNER										
VICE-PRESIDENT		X		X				0.	0.	0
DR. RICARDO SOTOMORA DIRECTOR		x						0.	0.	0
		-							_	
			_	_						
		-	_	_	<u> </u>	-				
		-				 	-			
			_							
		_	_		_					

Form 990 (2009)

$\overline{}$	1 990 (ORCHESTRA FOU	INDATION	71-0723	8/9 Page 9
Pa	rt VII	Statement of Revenue	(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 1e 166,3	94.			
no u		Noncash contributions included in lines 1a-1f \$	_			
0 6	<u>h</u>	Total. Add lines 1a-1f	<u>▶ 66,394.</u>			
Program Service Revenue	2 a b c d	Business	Code			
PΩ	е					
۲	f	All other program service revenue				
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including dividends, interest, and	FC 102			F.C. 103
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	<u>56,103.</u> ►			56,103.
	5	Royalties				-
	•	(i) Real (ii) Perso	onal			
	6 a	Gross Rents	<u></u>			
		Less: rental expenses				
	С	Rental income or (loss)				
ŀ	d	Net rental income or (loss)	>			
	7 a	Gross amount from sales of (i) Securities (ii) Oth	er			
		assets other than inventory 703,477.		:		
ļ	þ	Less: cost or other basis				
		and sales expenses 761,136.				
		Gain or (loss) -57,659.	-57.659.			F. 650
		Net gain or (loss)	<u>► -57,659.</u>	_		<u>-57,659.</u>
Other Revenue	в а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
튐		Less direct expenses b				
		Net income or (loss) from fundraising events	P			
		Gross income from gaming activities See Part IV, line 19 aa				
		Less: direct expenses b				
		Net income or (loss) from gaming activities	>			·
	10 a	Gross sales of inventory, less returns and allowances a				
İ	.	Less: cost of goods sold				
ŀ		Net income or (loss) from sales of inventory				
İ		Miscellaneous Revenue Business	Code		 	
Ì	11 a	MISCELLANEOUS INCOME 9000		1,442.		
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	▶ 1,442.			
02000	12	Total revenue. See instructions.	▶ 66,280.	1,442.	0.	
93200 02-04	- 10					Form 990 (2009)

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

	All other organizations must comp	ete column (A) but are	not required to comple	ete columns (B), (C), and	d (D).
	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	305,010.	305,010.		
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 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).				
а	Management				
b	Legal				
С	Accounting .				
d	Lobbying			_	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other	19,989.		19,989.	
12	Advertising and promotion .				
13	Office expenses .	117.		117.	
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 Insurance				 _
23	Other expenses, Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а		9,527.		9,527.	
a b		9,361.		3,341.	
c					
d					
e					
f	All other expenses	5,295.		5,295.	
25	Total functional expenses. Add lines 1 through 24f	339,938.	305,010.	34,928.	0.
26	Joint costs. Check here Infollowing		303,010.	3 = 1 3 = 0 .	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			Į	
	educational campaign and fundraising solicitation				

Part	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	30,934.	_1	32,630
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,330,552.	3	690,136
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. 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). Complete			
		Part II of Schedule L		6	
g.	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
.	10a	Land, buildings, and equipment cost or other			,
- 1		basis. Complete Part VI of Schedule D 10a 2,385.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,385. 10b 2,385.	0.	10c	0.
.	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	250,000.	13	757,276
	14	Intangible assets		14	,
.	15	Other assets See Part IV, line 11	2,598,229.	15	2,751,261
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,209,715.	16	4,231,303
$\neg \vdash$	17	Accounts payable and accrued expenses	4,068.	17	3,388
.	18	Grants payable		18	
.	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
١.	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
₽ <u>2</u>	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
دُّ		of Schedule L		22	
ء ا	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,068.	26	3,388
		Organizations that follow SFAS 117, check here X and complete			
တ္က		lines 27 through 29, and lines 33 and 34.			
ອ ຊ	27	Unrestricted net assets	361,859.	27	193,471
<u> </u>	28	Temporarily restricted net assets	6,500.		0.
9 2	29	Permanently restricted net assets	3,837,288.	29	4,034,444
5		Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ş :	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid in or capital surplus, or land, building, or equipment fund		31	-
<u>ک</u> ا	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ٽ</u> ڏِ	33	Total net assets or fund balances	4,205,647.	33	4,227,915.
- 1	34	Total liabilities and net assets/fund balances	4,209,715.	34	4,231,303.
					Form 990 (2009)

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

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

		ARKANSA	S SYMPHONY C	RCHES	TRA F	OUNDA	TION		71	-0723	879	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part) See inst	tructions.				
he orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🔲			0(b)(1)(A)(ii). (Attach Sc									
з 🔲			tal service organization		ın section	170(b)(1)(A)(iii).					
4	•	•	operated in conjunction				·	(b)(1)(A)(i	ii). Enter th	ie hospital	's nam	ìO.
	city, and stat		,		,			(-)(-)(-)(-	,			-,
5 🔲	•		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	t describe	d in		
• —		(b)(1)(A)(iv). (Comple	_	, .		· · · · · · · · · · · · · · · · · · ·	- g					
6 🗀			ent or governmental uni	t describe	d in cactio	n 170/h\/1	WAWA					
,一		-	eives a substantial part					r from the	general n	ublic desc	rihad i	n
. —	_	b)(1)(A)(vi). (Comple		or no oupp	on nom a	governine	mar arm o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	general p	ublic desc	IIDEG II	
8 🔲	-		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
• H			eives: (1) more than 33			rom contr	hutione m	ambareh	n food and	d arose ro	cointe	from
•			nctions - subject to certa							_		
		-	axable income (less sec		-	•			• •	•		
		509(a)(2). (Complete	·	don 577 ta	, 110111 Du	311103303 6	icquired b	y tile olga	ii iizatioi i ai	ter ourie o	0, 137	3
10 🔲			perated exclusively to te	st for publ	ic safety 9	See sectio	n 509/aV/	ı,				
11 🕱	_	-	perated exclusively for the		-			•	v out the r	NIMOSAS C	of one	or
🕰	_		itions described in secti		-					•		<i>J</i> 1
			organization and compl				, 000 360	, cion 503(ano, once	7K (110 DOX	urat	
	a Type I		_	с 🗶 Тур	-		egrated		طا	Type III - C	Other	
е 🗀			t the organization is not			•	•	r more dis		,,	-	n
•—			han one or more publicl				-		-			
f		_	ten determination from		_				J(u)(1) 01 0	500000	(4)(4)	
-		rganization, check th				, . , , ,	,,					
g		•	rganization accepted ar	nv aift or c	ontribution	from any	of the follo	owina per	sons?			
3	_		rectly controls, either a			•					Yes	No
	• •	-	apported organization?						,	11g(i)		X
	_		described in (i) above?	•	•			•		11g(ii)		X
		-	person described in (i)		∋ ?					11g(iii)		Х
h	• •	•	about the supported or									
••		g		9	(-,-							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	notify the	(vi) ls	s the	(vii) Am	o unt o	
	anization	(11) C.114	organization (described on lines 1-9		sted in your	organizat	ion in col.	organizáti (i) organiz	on in col. [port	'
3			above or IRC section	governing	document?	(i) of your	support?	U.S		000	,,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
ARKAN	ISAS											
SYMPH	ONY ORC	71-6059542	11C	x		х		X		30	5,0	10.
			,									
												_
	·											
								<u> </u>				
								<u> </u>	<u> </u>			
Total					L			L	<u> </u>	30	5,0	10.

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

_	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for				0(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)		····		
	ction A. Public Support	т		···			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			ľ	ľ		
	membership fees received (Do not						
	include any "unusual grants.")				 	<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf	!					
•	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions				· · · · · · · · · · · · · · · · · · ·		
Ī	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			ŀ			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			-			
	column (f)						
	Public support. Subtract line 5 from line 4		-		<u> </u>		
Sec	ction B. Total Support			·····			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1		
^	and income from unrelated business						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc (see instructi	ons)		•	12	•
	First five years. If the Form 990 is fo			rd, fourth, or fifth	tax year as a sectio	•	
	organization, check this box and stop			· · · · · · · · · · · · · · · · · · ·			▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008		•			15	%
16a	33 1/3% support test - 2009.If the o	•		•	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				. ▶∟
b	33 1/3% support test - 2008. If the o	-			t line 15 is 33 1/3%	or more, check th	ils box
47-	and stop here. The organization qua	•	• •		o 10 16o 16b	and line 44 := 4001	▶ □
1/a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "facts and circumstances"				•	ut iv now the orgal	nization
L.	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-	•		-	17a and line 15 in	▶ □
C	more, and if the organization meets t						
	organization meets the "facts-and-cir				•		
18	Private foundation. If the organization		=	-	• • •		ns D
	<u> </u>		,			edule A (Form 990	

Pa	rt III Support Schedule for (<u>Organizations</u>	Described in	Section 509(a	1)(2) (Complete onl	y if you checked the bo	ox on line 9 of Part I.)			
	ction A. Public Support									
Cal	endar year (or [iscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	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				ĺ					
	organization's tax-exempt purpose									
3	•									
	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									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and									
,,	3 received from disqualified persons			,						
t	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				•					
	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6)									
	ction B. Total Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6									
10	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties									
	and income from similar sources									
ŀ	Unrelated business taxable income									
	(less section 511 taxes) from businesses						•			
	acquired after June 30, 1975	<u> </u>			-					
	Add lines 10a and 10b				_					
11	Net income from unrelated business activities not included in line 10b.									
	whether or not the business is									
40	regularly carried on Other income. Do not include gain			 	1					
12	or loss from the sale of capital			1						
40	assets (Explain in Part IV)				1					
	Total support (Add lines 9, 10c, 11, and 12)	r the expenses as			<u> </u>	501(-)(0)				
14	First five years. If the Form 990 is for	r the organization :	s iirst, secona, triii	ra, iourtin, or ilitin t	tax year as a secti	on 501(c)(3) organiz	ation,			
Se	check this box and stop here	ic Support Pe	rcentage							
15	` 			column (fl)		15				
16	Public support percentage from 2008		•	column (1))		16	<u>%</u>			
_	ction D. Computation of Inve			<u> </u>	•					
	Investment income percentage for 20					17	<u> </u>			
18				110 10, 001011111 (1))		18				
	a 33 1/3% support tests - 2009. If the		•		e 15 is more than					
	more than 33 1/3%, check this box a	-				•	▶□			
ı		•	•	•			and			
	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									
<u>2</u> 0	Private foundation. If the organization		,	•		•				
					Sc	hedule A (Form 99	0 or 990-EZ) 2009			

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.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ARKANSAS SYMPHONY (11-0723879
Pa			er Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
		(a) Donor ad	rised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the asset	s held in donor advised for	unds
	are the organization's property, subject to the organization's	=		Yes No
6	Did the organization inform all grantees, donors, and donor ac	-		
Ū	for charitable purposes and not for the benefit of the donor or	•	•	•
	impermissible private benefit?	. 601.01 447.001, 01 11	any outer purpose com	Yes No
Pa		anization answered	"Ves" to Form 990. Part I	
				v, me /.
1	Purpose(s) of conservation easements held by the organization		• •	and the company to the second second
	Preservation of land for public use (e.g., recreation or p		Preservation of an historic	• •
	Protection of natural habitat	'لــــ	reservation of a certified	historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization held a qualification of the organization of the organization of the organization held a qualification of the organization	ed conservation cor	tribution in the form of a	conservation easement on the last
	day of the tax year.			T
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
þ	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished	or terminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	pection, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conse	rvation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservati	on easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	nents of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its	evenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial stater	nents that describes the	organization's accounting for
	conservation easements.			3
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Othe	r 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	t to report in its reve	nue statement and baland	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research	in furtherance of public s	service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these if		·	,
b	If the organization elected, as permitted under SFAS 116, to		statement and balance s	heet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, o	•		
	these items		and or public corrido, pro	order and removing amounts relating to
	(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 trea	Seurge or other eimi	 ar accete for financial co-	
2	-		<u>-</u>	n, provide
	the following amounts required to be reported under SFAS 1:	ro relating to these i	J. 1110	*
a	Revenues included in Form 990, Part VIII, line 1	• •	• •• •	-
D	Assets included in Form 990, Part X			~ • ———————————————————————————————————

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		S SYMPHONY	ORC	HESTRA	FOUND	OITA	1	<u>71-07</u>	23879	Page 2
Par	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	<u>er Simila</u>	ır Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that	at are a si	gnificant ι	ise of its	collection i	tems
	(check all that apply).									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	6	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	□ No
Par	rt IV Escrow and Custodial Arran	gements. Compl	ete if org	janization ai	nswered "Ye	s" to For	n 990, Pai	t IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four ye	ears back
1a	Beginning of year balance	3,948,580.	4,70	5,649.						
b	Contributions	53,204.	5	4,013.						
С	Net investment earnings, gains, and losses	294,370.	-45	9,930.						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	324,402.	35	1,152.						
f	Administrative expenses									
g	End of year balance	3,971,752.	3,94	8,580.						
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment	2.94	_%							
b	Permanent endowment ► 97.06	%								
C	Term endowment >	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation	_	
	by								\Y	es No
	(i) unrelated organizations	•							3a(i) 2	K
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	rt VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o		` '	or other (other)		ccumulate preciation	d	(d) Book v	alue
	Land	2230 (1110011	,	240,0	,,					
				<u>.</u> .						
b	Leasehold improvements							\dashv		
ن بہ	Equipment				2,385.	_	2,38	25		0.
d	Other				2,303.		<u> </u>	, , , _ 	<u> </u>	<u> </u>
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Port	Y colur	nn (R) line 1	10(c))					0.
· Utd	n raa mea ra unough te. Joulumn juj must e	quair oim 330, rail	A, CUIUI	ו אוווו ,נען זייי	U(U) /					<u> </u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ARKANSAS SY	MPHONY ORCHES	TRA FOUNDATION	N 71-0723879 Page
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			· · · · · · · · · · · · · · · · · · ·
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		ethod of valuation
			nd-of-year market value
VIOLIN	250,000.		
CD - DELTA TRUST	507,276.	END-OF-YEAR	MARKET VALUE
		<u> </u>	<u></u> .
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	757,276.	<u></u>	
Part IX Other Assets. See Form 990, Part X, line			1
	Description		(b) Book value
ASSETS HELD IN TRUST			2,743,209
PARR ANNUITY - ASOF			8,052
			
	· · ·		
		 	
	 		
		 <u></u>	
	451		2 751 261
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			▶ 2,751,261
(a) Description of liability	line 25.	(b) Amount	
<u></u>		(b) Amount	
Federal income taxes			
<u> </u>			
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line			
2. FIN 48 Footnote In Part XIV, provide the text of the foo	otnote to the organization's	financial statements that r	eports the organization's liability for
uncertain tax positions under FIN 48.			
932053 02-01-10			Schedule D (Form 990) 200

	dule D (Form 990) 2009 ARKANSAS SYMPHONY ORCHESTR				<u>723879</u>	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Final	T T	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1-1-			<u>, 280 </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,938.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			<u>,658.</u>
4	Net unrealized gains (losses) on investments		4		295	<u>,926.</u>
5	Donated services and use of facilities	•	5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)	•	8		205	006
9	Total adjustments (net). Add lines 4 through 8		9			<u>.926.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 air XII Reconciliation of Revenue per Audited Financial Statements.		10	Return		<u>, 268.</u>
1	Total revenue, gains, and other support per audited financial statements		nuo poi	1	352	,679.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-		,013.
a	Net unrealized gains on investments	2a 2:	95,926	:		
b	Donated services and use of facilities	2b	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
c	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)		-9,527			
e	Add lines 2a through 2d	_ 20]	<u> </u>	2e	286	,399.
3	Subtract line 2e from line 1			3	66	,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		•			<u>, 200 •</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b	,	-		
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	66	,280.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With Exp	enses pe	er Return		
1	Total expenses and losses per audited financial statements			1	330	,411.
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.)	2d				
е	Add lines 2a through 2d			_2e		0.
3	Subtract line 2e from line 1			3	330	<u>,411.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV.)	4b	9,527	<u>'-</u>		
C	Add lines 4a and 4b			4c	9	<u>,527.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	339_	<u>.938.</u>
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part					4; Part
X, lın	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com	plete this part to pr	ovide any a	additional in	formation.	
זגם	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
וגם	D DEBT EXPENSE					
מאם	J DEBT BAT BASE					
						
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:					
BAI	D DEBT EXPENSE					
		.				
				Cabadul	a D /Earm 0	2000

02-01-10

% × **Employer identification number** 71-0723879 PROGRAM SERVICE SUPPORT Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. ORCHESTRA FOUNDATION (d) Amount of cash grant 305,010 (c) IRC section if applicable 501(C)(3) ARKANSAS SYMPHONY 71-6059542 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? SOCIETY - 2417 NORTH TYLER - BYRNE 1 (a) Name and address of organization HALL - LITTLE ROCK, AR 72207 ARKANSAS SYMPHONY ORCHESTRA or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

20

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2009 ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

71-0723879

Schedule I (Form 990) 2009

21

932 102 02-02-10

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

2009
Open to Public Inspection

Name of the organization

ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Employer identification number 71-0723879

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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 B, LINE 11: THE DIRECTOR OF FINANCE AND THE
EXECUTIVE DIRECTOR REVIEW THE RETURN BEFORE IT IS FILED. 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.

22

SCHEDULE R (Form 990) Department of the T	SCHEDULE R (Form 990) Department of the Treasury	► Compi	related Organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	nelated of galitzations and officiared ratified ships nization answered "Yes" to Form 990, Part IV, line 33, 3 tach to Form 990.	13, 34, 35, 36, or 37 ons.		2009 Open to Public Inspection
Name of	Name of the organization	tion ARKANSAS SYMPHONY	ORCHESTRA	FOUNDATION		Em	Employer identification number 71–0723879
Part	Identification	on of Disregarded Entities (Comple	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	to Form 990, Part IV, line 33)			:
	Nam. of c	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification organization	on of Related Tax-Exempt Organizals during the tax year.)	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	nswered "Yes" to Form 990, Pa	rt IV, line 34 becaus	e it had one or more	elated tax-exempt
	Nam of re	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ARKANSAS SY 71-6059542 LITTLE ROCK	SYN SCK	SYMPHONY ORCHESTRA SOCIETY, INC 12, 2417 NORTH TYLER - BYRNE HALL, OCK, AR 72207	CONCERTS, PERFORMANCES & EDUCATION TO INCREASE ORCHESTRAL MUSIC	ARKANSAS	501(C)(3)	LINE 7	
LHA For	Privacy Act	and Paperwork Reduction Act Not.	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Q.			Schedule R (Form 990) 2009

71-0723879

Page 2

ARKANSAS SYMPHONY ORCHESTRA FOUNDATION Schedule R (Form 990) 2009

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

General or managing partner? 9 Code V-UBI amount in bôx 20 of Schedule K-1 (Form 1065) ε ate allocations? Dispropartion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ਉ Legal domicile (state or foreign country) છ Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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

(e)	(q)	(၁)	(p)	(p)	ω	(6)	3
Name, address, and EIN of related organization	Primary activity	a cile	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
932192 02-04-10	24	4				Schedule R (Form 990) 2009	m 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		4	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
al loans or loan quarantage to or for other organization(s)		7		×
		2 4		×
f Sale of assets to other organization(s)		=		×
g Purchase of assets from other organization(s)		1		×
		ŧ		×
		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		=		×
		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		두		×
Beimblinsement haid to other organization for expenses		-		
		2 4		4 >
p Heimbursement paid by otner organization for expenses		٩		4
- Other transfer of and a proposition of attention (a)		<u>;</u>		
d Cities transfer of cash of property from other organization(s)		2 ÷		٠
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	action thresholds			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved) Nolvec	
(1) ARKANSAS SYMPHONY ORCHESTRA SOCIETY, INC.	В	305	1 4	010.
(2) ARKANSAS SYMPHONY ORCHESTRA SOCIETY, INC.	M			0
(3) ARKANSAS SYMPHONY ORCHESTRA SOCIETY, INC.	ц	1	12,0	.000
(4)				
(9)			ì	
(9)				
932183 02-04-10	Sch	Schedule R (Form 990) 2009	(066 L	2003 2003

Page 4

Schedule R (Form 990) 2009 ARKANSAS SYMPHONY ORCHESTRA FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

illat was flot a related organization. See instructions regarding excussor to certain investment partitionings.	(b)	(e)	(9)	(9)	9	(6)	(4)
						6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Section 501(c)(3)	Share of end-of- year assets	Uispropor- tionate	amount in box 20	General or managing
			Yes No			(Form 1065)	
					-		
			_				
					-		
							_
							<u>-</u>

Schedule R (Form 990) 2009