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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization IDAHO FALLS SYMPHONY SOCIETY, INC.		D Employer identification number 82-6007411
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number 208-529-1080
		498 A STREET		F Group Exemption Number
		City or town, state or country, and ZIP + 4 IDAHO FALLS, ID 83402		

G Accounting method: Cash Accrual
Other (specify) _____

I Website: **WWW.SRV.NET/=IFSYMPH/**

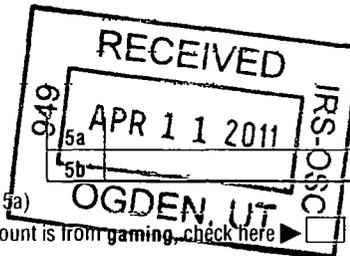
J Tax-exempt status (check only one) - 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 347,471.**

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

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe INTEREST) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1	160,443.
	2	148,037.
	3	
	4	
	5c	
	6a	38,865.
	6b	8,658.
	6c	30,207.
	7c	
8	126.	
9	338,813.	
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16	10	
	11	
	12	115,227.
	13	1,395.
	14	42,263.
	15	17,262.
	16	189,902.
17	366,049.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18	-27,236.
	19	109,322.
	20	
	21	82,086.



SCANNED APR 26 2011 Revenue & 2011

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	135,794.	109,207.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	10,051.	17,560.
25 Total assets	145,845.	126,767.
26 Total liabilities (describe SEE STATEMENT 3)	36,523.	44,681.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,322.	82,086.

GS 25

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>ID</u>		
42a	The organization's books are in care of ▶ <u>IDAHO FALLS SYMPHONY SOCIETY</u> Telephone no ▶ <u>(208) 529-1080</u> Located at ▶ <u>490 A STREET, IDAHO FALLS, ID</u> ZIP + 4 ▶ <u>83402</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

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

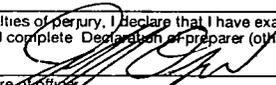
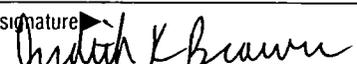
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer:  _____ Signature of officer	Date: 4/5/11 _____ Date	
	JEFF OSGOOD, PRESIDENT Type or print name and title		
Paid Preparer's Use Only	Preparer's signature:  _____	Date: 04/02/11	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed): GALUSHA HIGGINS & GALUSHA, PC		EIN: _____
	address, and ZIP: P.O. BOX 50699 IDAHO FALLS, ID 83402		Phone no.: 208-523-5953

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	136,887.	124,796.	87,853.	109,105.	160,443.	619,084.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	136,887.	124,796.	87,853.	109,105.	160,443.	619,084.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						125,830.
6 Public support. Subtract line 5 from line 4						493,254.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	136,887.	124,796.	87,853.	109,105.	160,443.	619,084.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,580.	2,053.	2,368.		126.	7,127.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	32,938.	34,858.	27,866.	47,158.	38,865.	181,685.
11 Total support. Add lines 7 through 10						807,896.
12 Gross receipts from related activities, etc. (see instructions)					12	976,911.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	61.05 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	63.24 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		VALENTINE'S DINNER & AUCTION	SYMPHONY'S COOKIN'	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	20,154.	6,147.	12,564.	38,865.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	20,154.	6,147.	12,564.	38,865.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	5,064.		3,594.	8,658.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(8,658)
	11	Net income summary Combine line 3, column (d), and line 10				30,207.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No						
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">13a</td> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: center;">%</td> </tr> </table>	13a		%	13b		%		
13a		%							
13b		%							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ _____ Address ▶ _____									
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ c If "Yes," enter name and address of the third party Name ▶ _____ Address ▶ _____	15a								
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor									
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____	17a								

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER EXPENSES														
1	LAPTOP COMPUTER	05/01/00	SL	5.00		HXL6	2,173.				2,173.	2,173.	0.	0.	2,173.
2	OFFICE EQUIPMENT	01/01/97	SL	7.00		HXL6	3,871.				3,871.	3,855.	0.	0.	3,855.
3	OFFICE EQUIPMENT	01/01/00	SL	7.00		HXL6	11,909.				11,909.	11,909.	0.	0.	11,909.
4	COMPUTER	12/06/02	SL	5.00		HXL6	825.				825.	825.	0.	0.	825.
5	SOFTWARE	01/01/04	SL	5.00		HXL6	3,578.				3,578.	3,578.	0.	0.	3,578.
6	SABIAN GONG	10/28/05	SL	7.00		HXL6	1,319.				1,319.	690.	188.	188.	878.
7	OFFICE FURNITURE	08/15/05	SL	7.00		HXL6	901.				901.	505.	129.	129.	634.
8	3 DELL COMPUTERS	08/29/05	SL	5.00		HXL6	2,820.				2,820.	2,162.	564.	564.	2,726.
9	OFFICE EQUIPMENT	09/07/05	SL	7.00		HXL6	945.				945.	518.	135.	135.	653.
10	ACOUSTIC SHIELDS	01/18/10	SL	7.00		HXL6	508.				508.		30.	30.	30.
11	KONICA MINOLTA BUZHUB C350	07/31/09	SL	5.00		HXL6	1,500.				1,500.		275.	275.	275.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES						30,349.				30,349.	26,215.	1,321.	1,321.	27,536.
	* GRAND TOTAL 990-EZ PG 1 DEPR						30,349.				30,349.	26,215.	1,321.	1,321.	27,536.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATIVE		13,006.	
HONORARIA		60,266.	
MARKETING		92,519.	
TRAVEL		18,639.	
HOSPITALITY		1,417.	
INSURANCE		2,734.	
DEPRECIATION		1,321.	
TOTAL TO FORM 990-EZ, LINE 16		189,902.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	4,250.	7,509.	
PREPAIDS AND DEFERRED CHARGES	3,675.	7,239.	
OTHER DEPRECIABLE ASSETS	2,126.	2,812.	
TOTAL TO FORM 990-EZ, LINE 24	10,051.	17,560.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	1,270.	1,316.	
OTHER CURRENT LIABILITIES	1,352.	1,647.	
PREPAID TICKET SALES	33,899.	41,718.	
	2.	0.	
TOTAL TO FORM 990-EZ, LINE 26	36,523.	44,681.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

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

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

IDAHO FALLS SYMPHONY SOCIETY, INC.

82-6007411

LISA SHERICK 908 W 81 S, IDAHO FALLS, ID 83402	DIRECTOR 0.00	0.	0.	0.
MELANIE SANSOM SMITH 3536 S HOLMES, IDAHO FALLS, ID 83404	DIRECTOR 0.00	0.	0.	0.
ANNE STATON VOILLEQUE, 455 GUSTAFSON DR, IDAHO FALLS, ID 83402	DIRECTOR 0.00	0.	0.	0.
GEORGE ADAMS 1900 DIANE CT, IDAHO FALLS, ID 83402	MUSIC DIRECTOR 40.00	52,000.	0.	0.
DANIEL SENE, 1470 SCORPIUS DR, IDAHO FALLS, ID 83402	EXECUTIVE DIRECTOR 40.00	34,000.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>86,000.</u>	<u>0.</u>	<u>0.</u>