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-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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUNE 01 , 2010, and ending MAY 31 , 20 11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
I Musici DiNapoli, Inc./Naples Orchestra and

Number & street (or P.O. box, if mail is not delivered to street addr) Room/suite
P. O. Box 9542

City or town, state or country, and ZIP + 4
Naples FL 34101-9542

D Employer identification number
65-0664069

E Telephone number
(239)775-6811

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.naplesorchestraandchorus.org

J Tax-exempt status (check only one) -- [X] 501(c)(3) [ ] 501(c)( ) ◀ (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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 44,264

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

Check if the organization used Schedule O to respond to any question in this Part I . . [ ]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	16,327
	2	Program service revenue including government fees and contracts		2	22,598
	3	Membership dues and assessments		3	3,675
	4	Investment income		4	152
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000).	6b	1,512	
	c	Less direct expenses from gaming and fundraising events	6c	242	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1,270
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	44,022
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	3,425
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	18,780
	14	Occupancy, rent, utilities, and maintenance		14	8,179
	15	Printing, publications, postage, and shipping		15	12,248
	16	Other expenses (describe in Schedule O)		16	3,273
	17	**Total expenses.** Add lines 10 through 16 ▶		17	45,905
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,883
	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)		19	51,731
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	4,994
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	54,842

SCANNED OCT 11 2011

RECEIVED
SEP 29 2011
510
OGDEN UT

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

JVA 10 990EZ1 TWF 41823 Copyright Forms (Software Only) - 2010 TW

24

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	25,654	22	29,400
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	26,077	24	25,442
25	**Total assets**	51,731	25	54,842
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	51,731	27	54,842

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? See attached statement

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28 10/12/10 COMMUNITY DEVELOPMENT
Used for three year contract with constant contact
(Grants $ 819.00) If this amount includes foreign grants, check here . . ▶ ☐ 28a $819.00

29 04/18/11 UNITED ARTS COUNCIL OF COLLIER COUNTY
Used to pay guest performer Rodney Westbrook from Oklahoma for spring concert
(Grants $ 800.00) If this amount includes foreign grants, check here . . ▶ ☐ 29a $800.00

30
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #1				

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #2 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
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		X

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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here

▶ Signature of officer — Date 9/26/2011

▶ Marischen A. Nordmeyer Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DARLENE M. ALLIA	NONPAID PREPARER	9/23/11		P00025007
Firm's name ▶ ALLIA & ASSOCIATES			Firm's EIN ▶	
Firm's address ▶ 3523 MAGENTA COURT NAPLES FL 34112			Phone no. 239-732-7302	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
I Musici DiNapoli, Inc./Naples Orchestra and Chorus

Employer identification number
65-0664069

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				35,533	43,870	79,403
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				35,533	43,870	79,403
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.)						79,403

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				35,533	43,870	79,403
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				340	152	492
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				340	152	492
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.)				35,873	44,022	79,895

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 2010 (line 8, column (f) divided by line 13, column (f))	15	99.38 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	0.62 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests -- 2010.** 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 -- 2009.** 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 ▶ ☐

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
I Musici DiNapoli, Inc./Naples Orchestra and Chorus	65-0664069

PART I, Line 10
Scholarships
PART I, Line 16
See attached statement #1
PART I, Line 20
The difference in the net assets is due to an incorrect inventory of music assets from a prior year.
PART II, Line 24
Choral Risers, Microphone System, Music, File Cabinets and Accessories

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

SUPPLIES	1,091	
CONFERENCES AND MEETINGS	161	
BANK FEES	87	
INSURANCE	263	
PROFESSIONAL MEMBERSHIP	1,300	
STATE REPORTS	145	
FUNDRAISING EXPENSES	226	
TOTAL CARRIED TO EOEZ Pg 1 Line 16		3,273

I Musici DiNapoli, Inc./Na 65-0664069

PART III, FORM 990-EZ

The Naples Orchestra and Chorus has become a premier volunteer music ensemble in Naples, Florida. The organization provides quality classical and popular music admission free. All revenue is from free-will contributions. On occasion professional musicians are retained as sub-contractors as required by the musical work performed.

The orchestra has six performances during the season. In addition, special Easter Week concerts that feature Theodore DuBois' *The Seven Last Words of Christ* are held by invitation from local churches.

As a non-profit volunteer organization it has attracted talented local musicians and singers, many of whom are themselves retired professional musicians; others are talented amateurs. It provides a showcase to perform for personal satisfaction and growth.

The Naples Orchestra and Chorus also encourages talented local student musicians by offering them a chance to participate in rehearsals and concerts. No dues or fees are collected from students; in fact, the most deserving students are given small stipends or awards to encourage them to continue their musical studies at either the high school or college level.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 1: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2010 or tax period beginning 06-01-2010, and ending 05-31-2011

Name of Organization: I Musici DiNapoli, Inc./Naples Orchestra and Chorus

Employer Identification Number: 65-0664069

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
Anne Hoffman 407 Saddlebrook Lane Naples, FL 34110	President 10.00	0	0	0
Anne Wilson 27001 Sebrano Way Unit 102 Bonita Springs, FL 34135	Vice-Presiden 10.00	0	0	0
Marischen Nordmeyer 8403 Borboni Court Naples, FL 34114	Treasurer 15.00	0	0	0
Marilyn Bogen 10356 Quail Crown Drive Naples, FL 34119	Secretary 10.00	0	0	0
Darlena Allia 3523 Magenta Court Naples, FL 34112	BayshoreCAPA Liaison 10.00	0	0	0
Clint Holland 8555 Naples Heritage Drive, 125 Naples, FL 34112	Librarian 10.00	0	0	0
Dorothy Johnson 3609 Periwinkle Way Naples, FL 34114	Director 5.00	0	0	0
William McKinney 815 Donor Court, #804 Naples, FL 34105	Director of Developm 20.00	0	0	0
William Mears 3804 Clipper Cove Drive Naples, FL 34112	Director 10.00	0	0	0
John Ostrowski 10510 Smokehouse Bay Drive, #102 Naples, FL 34120	General Manager 20.00	0	0	0
Cindy Swinarski 7865 Umberto Court Naples, FL 34114	Director 10.00	0	0	0
Marcia Reff 100 Fleur de Lis Lane Naples, FL 34112	Director 30.00	0	0	0
Jean Hachen 4453 Novato Ct Naples, FL 34109	Director 10.00	0	0	0
Roger Miller 6813 Bent Grass Drive Naples, FL 34113	Director 5.00	0	0	0
Susanne VanderStarre 15425 Cedarwood Lane, #302 Naples, FL 34110	Director 10.00	0	0	0
Susan Nupp	Director			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 1: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2010 or tax period beginning 06-01-2010, and ending 05-31-2011

Name of Organization: I Musici DiNapoli, Inc./Naples Orchestra and Chorus

Employer Identification Number: 65-0664069

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
351 Charlemagne Blvd., C-105 Naples, FL 34112	5.00	0	0	0
Cathy Slawik 370 Cape Marco Drive, #1908 Marco Island, FL 34145	Director 5.00	0	0	0
Lou Strom 322 Harbour Drive Naples, FL 34103	Director 15.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 06-01 , and ending 05-31-2011

Name of Organization	Employer Identification Number
I Musici DiNapoli, Inc./Naples Orchestra and Chorus	65-0664069

Part V - Line 42a

Individual Name or Business Name: Marischen A. Nordmeyer

Street Address: 8403 Borboni Court

U S Address:

Zip code 34114 City Naples State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (239)775-6811

Fax Number