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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, 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

**2011**

**Open to Public  
Inspection**

**A** For the 2011 calendar year, or tax year beginning **JULY 01**, 2011, and ending **JUNE 30**, 2012

<b>B</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	<b>C</b> Name of organization The Concord Orchestra Inc	<b>D</b> Employer identification number 04-6089075
	Number & street (or P.O. box, if mail is not delivered to street addr.) 51 Walden St Box 381	<b>E</b> Telephone number (978) 369-4967
	City or town, state or country, and ZIP + 4 Concord MA 01742	<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) --  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 or a section 527 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. ▶ \$ 61,774

**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.

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	21,700
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	31,427
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	87
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	1,840
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	3,453
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	-1,613
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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 exceeds \$15,000)	<b>6b</b>	249
	<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	249
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	6,471
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	58,321
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	250
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	51,333
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	9,221
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	4,325
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	10,649
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	75,778
<b>RESULTS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-17,457
	<b>19</b> 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)	<b>19</b>	73,647
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	73
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	56,263

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

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

What is the organization's primary exempt purpose? Performance of Symphonic Music

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

Table with 4 columns: Line number, Description, Line number, Amount. Rows include 28 See attachment #1, 29, 30, 31 Other program services, 32 Total program service expenses.

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

Table with 5 columns: (a) Name and address, (b) Title and Average hours per week devoted to position, (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-), (d) Health benefits, Contributions to employee benefit plans & deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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.
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed. MA
42a The organization's books are in care of See attachment #3 Telephone no. Located at ZIP + 4
42b 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.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 and enter the amount of tax-exempt interest received or accrued during the tax year. 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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 may need to be completed instead of Form 990-EZ (see instructions)

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

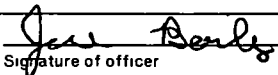
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

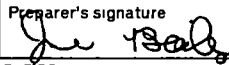
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**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.

<b>Sign Here</b>	 Signature of officer	
	Jane Bailey	Treasurer
	Type or print name and title	Date 2/15/13

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jane Bailey	Preparer's signature 	Date 2/15/13	Check <input type="checkbox"/> if self-employed PTIN P00113752
	Firm's name ▶ H and R BLOCK	Firm's EIN ▶		
	Firm's address ▶ WETHERBEE PLAZA 97 GREAT RD UNIT 4	Phone no. 978-263-2622		

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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

<b>Name of the organization</b> The Concord Orchestra Inc	<b>Employer identification number</b> 04-6089075
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**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?
  - (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? 

	Yes	No
<b>11g(i)</b>		X
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	26,268	31,226	34,185	28,605	21,700	141,984
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	39,002	36,780	33,842	34,804	29,590	174,018
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	65,270	68,006	68,027	63,409	51,290	316,002
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		5,215	690	2,233	1,625	9,763
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .		5,215	690	2,233	1,625	9,763
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						306,239

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . . .	65,270	68,006	68,027	63,409	51,290	316,002
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,212	1,616	322	191	87	4,428
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	2,212	1,616	322	191	87	4,428
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	40	668	4,432	7,108	6,471	18,719
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	67,522	70,290	72,781	70,708	57,848	339,149

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	90.30 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.31 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests -- 2011.** 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 -- 2010.** 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

The Concord Orchestra Inc

Employer identification number

04-6089075

Part III line 28 Presentation of 11 Total Concerts-2 Family, 3 Pops, 6  
Classical

Part I line 10 Young Artist Honorarium Jeremiah Blacklow

Part II Instrument Collection Piano, Tympani Etc 27584

Music Collection 1000

# 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization The Concord Orchestra Inc			Employer Identification Number 04-6089075

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses	66,557
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Exempt Purpose Achievements

Presentation of 11 Concerts: 2 Family, 3 Pops and 6 Classical Total attendance approximately 3000. Orchestra membership approximately 80.

**990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

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

Open to Public	
Inspection	For calendar year 2011 or tax period beginning <b>07-01-2011</b> , and ending <b>06-30-2012</b> .

Name of Organization <b>The Concord Orchestra Inc</b>	Employer Identification Number <b>04-6089075</b>
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(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Avril Waye 51 Walden St Concord, MA 01742	President 2.00	0	0	0
Betsy Anderson 51 Walden St Concord, MA 01742	Clerk 1.00	0	0	0
Jane Bailey 51 Walden St Concord, MA 01742	Treasurer 2.00	0	0	0
James Bogdan 51 Walden St Concord, MA 01742	Vice President 1.00	0	0	0
Daniel Schrage PO Box 381 Concord, MA 01742	At large director 1.00	0	0	0
Laurie Silva 51 Walden St Concord, MA 01742	At large director 1.00	0	0	0
Edith Epstein 51 Walden St Concord, MA 01742	At-Large Director 1.00	0	0	0
Pamela Marshall 51 Walden St Concord, MA 01742	At Large Director 1.00	0	0	0
Rebecca Shannon 51 Walden St Concord, MA 01742	At Large Director 1.00	0	0	0
Marsha Turin Box 381 Concord, MA 01742	At Large Director 1.00	0	0	0

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012.
Name of Organization The Concord Orchestra Inc				Employer Identification Number 04-6089075
<b>Part V - Line 42a</b>				

Individual Name ..... Jane Bailey  
or  
Business Name:

Street Address ..... 51 Walden St

U S Address.  
Zip code 01742 City Concord State MA  
or

Foreign Address  
City .....  
Province or State .....  
Country .....  
Postal code .....  
Phone Number ..... (978) 369-4967  
Fax Number .....

**2011 DETAIL STATEMENTS**

The Concord Orchestra Inc  
04-6089075

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

Postage.....	1,069
Programs and Posters.....	3,256

TOTAL CARRIED TO 990 EZ PG 1 Line 15..... 4,325

STATEMENT #2 - Contributions, gifts, grants (EZ1 Line 1)

Chair Sponsors.....	2,000
General.....	18,950
Corporate Fund Raising.....	750

TOTAL CARRIED TO EZ1 Line 1..... 21,700

STATEMENT #3 - Prog. Service Revenue (990-EZ PG 1 Line 2)

Subscriptions.....	9,559
Ticket Sales.....	19,245
Pops refreshments.....	1,837
Benefit Concerts.....	786

TOTAL CARRIED TO 990-EZ PG 1 Line 2..... 31,427

STATEMENT #4 - Investment Income (990-EZ PG 1 Line 4)

Dividends.....	12
Interest Ameritrade.....	2
Interest Cambridge Trust CD.....	72
<del>Interest Cambridge Trust Savings</del>	
Interest Cambridge Trust New Works.....	1

TOTAL CARRIED TO 990-EZ PG 1 Line 4..... 87

STATEMENT #5 - Other revenue (990-EZ PG 1 Line 8)

Piano Rental.....	175
Program Ads.....	4,250
Miscellaneous.....	2,046

TOTAL CARRIED TO 990-EZ PG 1 Line 8..... 6,471

STATEMENT #6 - Professional Fees (990-EZ PG 1 Line 13)

Concert Master.....	3,500
Conductor.....	21,408
Orchestra Manager.....	13,500
Hired Musicians.....	6,475

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Soloists.....	6,450	
TOTAL CARRIED TO 990-EZ PG 1 Line 13.....		51,333
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STATEMENT #7 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)		
Rent.....	7,706	
Telephone.....	690	
Piano Maintenance.....	825	
TOTAL CARRIED TO 990-EZ PG 1 Line 14.....		9,221
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STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16)		
<del>Uncategorized</del>		
Bank fees.....	100	
Insurance.....	678	
Miscellaneous.....	120	
Performance Rights.....	464	
Pops Food & Drink Expense.....	1,244	
Pops Miscellaneous.....	897	
Music Rental.....	2,881	
Sound Reinforcement.....	1,275	
State Fees.....	50	
Supplies.....	65	
Publicity.....	2,375	
Reception Supplies.....	500	
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....		10,649
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STATEMENT #9 - End of Year - Cash (990-EZ PG 1 Line 22)		
TD Checking.....	326	
Cambridge Trust CD.....	12,974	
Cambridge Trust Savings.....	214	
Cambridge Trust New Works.....	1,631	
Ameritrade.....	12,534	
TOTAL CARRIED TO 990-EZ PG 1 Line 22.....		27,679
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STATEMENT #10 - Other assets end yr (EOEZ PG 2 Line 24)		
Instrument Collection Piano, Tympani Etc....	27,584	
Music Collection.....	1,000	
TOTAL CARRIED TO EOEZ PG 2 Line 24.....		28,584
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STATEMENT #11 - Assets included (SCH D, PG 1 Line 2b)

Vulcan Materials change.....	-183
Other.....	256

TOTAL CARRIED TO SCH D, PG 1 Line 2b.....	73
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