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2012/06

Form 990

#### **Return of Organization Exempt From Income Tax**

2011

Department of the Treasu Internal Revenue Service

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

Open to Public \*Inspection ! ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning Jul 1 , 2011, and ending Jun 30 2012 C Name of organization Indianapolis Opera Company Foundation, D Employer identification Number Inc. Check if anolicable Address change 35-1546777 Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change 250 East 38th Street faltial return (317) 283-3531 City, town or country State ZIP code + 4 Indianapolis Amended return 46205-2644 G Gross receipts \$ 87.961. F Name and address of principal officer H(a) is this a group return for affiliates? Application pending Yes Garry Predericksen 250 East 38th Street Indianapolis IN 46205-2644 Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527 Website: ► www.INDYOPERA.org H(c) Group exemption number Trust 1982 Form of organization X Corporation M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities. To perpetuate Indiana Opera Society, Inc (Opera) and to financially support the artistic, educational, and cultural claims of the Opera Check this box > If the organization discontinued its operations or disposed of more than Number of voting members of the governing body (Part VI, line 1a) . . . . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) MAY 2 0 2018 Total number of volunteers (estimate if necessary) . . . 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year Contributions and grants (Part VIII, line 1h) . . . Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 9,089. 8,871. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . 9,089 8,871. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,000 547,300. Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . . 547,300. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 4,000 Revenue less expenses Subtract line 18 from line 12 . . . . . . 5,089. -538,429. Beginning of Current Year End of Year Total assets (Part X, line 16) 726,552. 139,725. Total liabilities (Part X, line 26) 113,542. 64,426. 75,299. Net assets or fund balances Subtract line 21 from line 20 613,010. Part II B Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here ry Fredericksen President Type or print name and title CPA Paid P00108715 **Preparer** Lara C. Schmutte, CPA, **Use Only** ▶ P.O. Box 90050 Firm's EIN - 68-0632501 46290-0050 706-1040 Indianapolis (317)

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

∐ No

Form 990 (2011)

Yes

TEEA0101 07/05/11

	990 (2011) Indianapolis Op	era Company Foundation, Inc.	35-1546777 Page 2
Par		Service Accomplishments	
		response to any question in this Part III	
1	Briefly describe the organization's missi		
	To perpetuate Indiana O	pera Society, Inc.	tional,
	[Operal and to rinancia		
	and cultural claims of	the Opera	
2		nificant program services during the year which were	
			· · · · · · · · · · · · · · · · · · ·
_	If Yes,' describe these new services on		
3		or make significant changes in how it conducts, any	program services? Yes X No
	If Yes, describe these changes on Sch		
4	Section 501(c)(3) and 501(c)(4) organiz	rvice accomplishments for each of its three largest preations and section 4947(a)(1) trusts are required to reported any, for each program service reported	ogram services, as measured by expenses. eport the amount of grants and allocations to
4 8		547,300. including grants of \$	
	To perpetuate the India	na Opera Society, Inc. (Opera)	
	and to financially supp	ort the artistic, educational,	
	and cultural claims of	the Opera.	
4 b	(Code) (Expenses \$	including grants of \$	) (Revenue \$)
		·	
		·	
		·	
		<b></b>	
_	10-4		) (D
4 C	(Code:) (Expenses \$	including grants of \$	) (Hevenue \$)
	<b></b>		
	<del>-</del>		
44	Other program services (Describe in So	chedule O )	
+∪	(Expenses \$	including grants of \$	) (Revenue \$
4 8	Total program service expenses ►	547,300.	TATIONELINE 4
BAA	program dorrido anpondos	TEEA0102 07/05/11	Form 990 (2011)

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

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

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .

17

18

19

20

20 b

Х

X

Х

Х

	1990 (2011) Indianapolis Opera Company Foundation, Inc. 35-154677	7	F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
	,	T	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	х	
22	Oid 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		х
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_
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	248		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	f Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	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
t	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, 'complete Schedule L, Part II	26		x
27		27		х
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).			
8	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28b		х
d	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, 'complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, 'complete Schedule N, Part I	31		х
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	х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 8	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
t	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, complete Schedule R, Part V, line 2	35b		х
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA			n <b>990</b>	(2011)

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	990 (2011) Indianapolis Opera Company Foundation, Inc.		35-154677	7	F	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V		<u> </u>		: - :	$\cdot \square$
•			· · · · · ·		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0		٠ . ر	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	]	3 12	54
	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	repor	table gaming	1 6	×	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a			34,7 g	1 2 2
	f at least one is reported on line 2a, did the organization file all required federal employment tax re		?	2 b		-1.15
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruct				,	3 40 50
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a	-	Х
b	f Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 b		<del></del>
4 a .	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er aut	hority over a			
1	inancial account in a foreign country (such as a bank account, securities account, or other financi	al acco	ount)?	4 a		Х
	f Yes,' enter the name of the foreign country					1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financ		counts.		252-4	200
5 a \	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5 a		Х
bi	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction	n?	5 b		Х
C	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6a (	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible?	d the c	organization	6 a		х
b	f Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	tions i	or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			1 .		1.5
a i	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly feetings provided to the payor?	or goo	ods and	7 e	Yes.	X
	f Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		<del>                                     </del>
c l	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it form 8282?	was r	required to file	7 c		х
	f Yes, indicate the number of Forms 8282 filed during the year	7 a		<del>                                     </del>	7.75	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef			70	-1-1-2-1	7) PAGE
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			71		X
gl	f the organization received a contribution of qualified intellectual property, did the organization file					
	as required?			79	-	
ı	Form 1098-C?		• • • • • • • • • • • • • • • • • • • •	7 h		1. 77
8 :	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have e noldings at any time during the year?	ng org	anizations. Did the business	A.	مكاسم	y day
	Sponsoring organizations maintaining donor advised funds.				عشند	
	Did the organization make any taxable distributions under section 4966?			9 a	27.68.50	Х
	Did the organization make a distribution to a donor, donor advisor, or related person?			9 6	$\vdash$	x
	Section 501(c)(7) organizations. Enter				1000	* 365
		10a		١.,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		······································	***		
	Section 501(c)(12) organizations. Enter				<b>经</b>	
	Gross income from members or shareholders.	11a		%	3	412
	Gross income from other sources (Do not net amounts due or paid to other sources			- ( )	35	
ě	against amounts due or received from them.)	11b		113	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1	1417	128	<del></del>	2,:25
	f Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	···	-	1. (5.7)	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>	1.00	1,110
	s the organization licensed to issue qualified health plans in more than one state?	• • •	• • • • • • • • • • • • • • • • • • • •	13 a	Pr. 44 *	A. 198 F
	Note. See the instructions for additional information the organization must report on Schedule O.			\$ 100 m	<b>M</b>	
٧	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		3 =	THE STATE OF	
	inter the amount of reserves on hand	13 c				News and
	Old the organization receive any payments for indoor tanning services during the tax year?			14 a		<u> x</u>
	Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	ie O .	· · · · · · · · · · · · · · · · · · ·	14 b	<u> </u>	
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Form	990 (2011) Indianapolis Opera Company Foundation, Inc. 35-1546777		F	age 6
Par	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v. and	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ın		-
	Schedule O. See instructions.			_
	Check if Schedule O contains a response to any question in this Part VI			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1 8	Enter the number of voting members of the governing body at the end of the tax year	27,7	12.7	13.40
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	]		1
	authority to an executive committee or similar committee, explain in Schedule O		31	٠,٠
t	Enter the number of voting members included in line 1a, above, who are independent			2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1	_ ا	127
_	officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			•
4	of officers, directors or trustees, or key employees to a management company or other person?	3		X
	since the prior Form 990 was filled?	4	ļ	х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	<del></del>	X
	-	H	<b></b> -	
7 8	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
8	The governing body?	8 a	X	-
b	Each committee with authority to act on behalf of the governing body?	86	х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
Sac	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
<del>566</del>	tion B. Policies (This Section & Tequesis information about policies not required by the internal Revenue Code.)			
100	Did the aggregation have local charters bronches as officered?	40.	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.3	1 4 1	4-6h
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this is done.	12-		
13		12 c	_	
14	Did the organization have a written whistleblower policy?	13	X	
	- · ·	14	X */ G	- 158
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12	*	
	The organization's CEO, Executive Director, or top management official	15 a		Х
b	Other officers of key employees of the organization	15 b		X
	If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Sec.	#18
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	n de	X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	4,34	
Sec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for pu	blic	
	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, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	วก:		
	<del>_</del>	, 17) 2	283-	3531
BAA	TEEA0108 01/23/12		990	

Form 990 (2011) Indianapolis Ope	era Com	pany	F	oun	ıda	tion	, ]	Inc.	35-1546	777 Page <b>7</b>
Part VII Compensation of Officer	s, Direct	ors,	Trı	iste	es	, Key	Er	nployees, Highes	t Compensated I	Employees, and
Independent Contractors Check if Schedule O contains a r		anva		tion	in th	io Dor	• \ <i>/</i> III			П
Section A. Officers, Directors, Tru	ustees. I	Cev E	E <b>m</b> i	olo	vee	s. ar	id i	lighest Compens	ated Employees	•••••
1 a Complete this table for all persons requi organization's tax year										
<ul> <li>List all of the organization's current of compensation Enter -0- in columns (D), (E), a</li> </ul>	ficers, direction (F) if no	ctors, to	trust cens	ees atio	(wh	ether i	ndıv İ.	duals or organizations	), regardless of amoun	t of
<ul> <li>List all of the organization's current ke</li> </ul>										
<ul> <li>List the organization's five current high received reportable compensation (Box 5 of Firelated organizations.</li> </ul>	hest compe orm W-2 a	ensate nd/or l	d er Box	nplo 7 of	yee: For	s (othe m 109	r tha 9-MI	an an officer, director, t ISC) of more than \$100	rustee, or key employe 1,000 from the organize	ee) who ation and any
<ul> <li>List all of the organization's former off reportable compensation from the organization</li> </ul>	n and any i	related	l org	anız	atio	ns				,
<ul> <li>List all of the organization's former dir organization, more than \$10,000 of reportable</li> </ul>	compensa	ttion fr	om	the c	orga	nizatio	n ar	nd any related organiza	tions	
List persons in the following order: individual temployees, and former such persons									,	ated
Check this box if neither the organization	nor any rela	ated o	rgar			ompe	nsat	ed any current officer,	director, or trustee.	
					<b>)</b>			3		
(A) Name and ute	(B) Average hours per week	ินกโฮ:	\$5 PE	ick me	s both	an one b n an offic ustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(describe	advict a traces	ž	Oller	3	å F	- amer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	related organiza-	N.C.	E o	ì	key employee	3 3	ğ	i :		and related organizations
	tions in Schedule	5	3		ğ	1 2		1		VIJ. 2230.13
	0)	7	institutional frustee		•	High est companisated employee				
(1) Patricia Curran				-		-	$\vdash$	<del></del>		
President	1.00	Х	L	Х				0.	0.	0.
(2) Garry Fredericksen Vice-President	1.00	х		x				0.	0.	•
(3) John C. Pickett	1.00			<u> </u>	$\vdash$		-	0.	U.	0.
Secretary	1.00	х		x				0.	0.	0.
(4) John Hayford										
Treasurer	1.00	Х	l	х			L_	0.	0.	0.
_(5)										
(6)										
			-	-						
(8)										
(9)			_		-	-		<u>-</u>	•	
			_		_					
(10)										
(11)		!								
<u></u>										
					-					
	<b></b>		$\vdash$	$\Box$	$\Box$					

Part VII Section A. Officers, Directors, Trust	Fou ees, l	nda Key	tio En	nple	Ir oye	es,	and	d Highest Con	35-15467	77 Page 8 ployees (cont)
. (A) Name and tide	(B) Average hours per	ob) xod offi	not c unla	Pas sheck iss pe	C) more erson i firecto	than o s both r/trust	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	waek (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)									<del> </del>	
(21)	-									
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	A						•	0.	0.	
2 Total number of individuals (including but not limited to										
3 Did the organization list any former officer, director or on line 1a? If Yes, complete Schedule J for such individuals.	trustee,	key	emp	oloye	e, o	r hig	hest	compensated em	ployee	Yes No
For any individual listed on line 1a, is the sum of report the organization and related organizations greater than such individual	\$150,0	000?	If Y	es' c	ютр	olete 	Sch	edule J for	• • • • • •	4 X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' compsection B. Independent Contractors	pensatio plete Sc	on fro	om a ule J	iny i I for	unrei suci	atec h <i>pei</i>	org son	anization or individ	ual	
Complete this table for your five highest compensated compensation from the organization. Report compensation.	ndeper	ident	cor	ntrac	tors yea	that ir en	rece	eived more than \$1 with or within the	00,000 of organization's tax y	ear.
(A) Name and business address								(B) Description of		(C) Compensation
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►	not lim	ited t	to th	ose	liste	d ab	ove)	who received mor	e than	<b>全水香</b> 花

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-- TEEA0108 07/08/11

Form 990 (2011)

	(8 (2011) Indianapolis Opera Company Fol	indacton, Inc	<u>-</u>	35-1546///	Page 9
	The state of the s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
AR AMOUNT	a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e	The first of	4		
CONTRIBUTION AND OTHER S	f All other contributions, grifts, grants, and similar amounts not included above	ALTERNATION OF THE PROPERTY OF		por Same and	
PROGRAM SERVICE REVENUE	Business Code				
PROGRAM	f All other program service revenue		1		g. tv
3 4 5	Investment income (including dividends, Interest and other similar amounts)		0.	0.	5,689.
6	a Gross rents		±.,		
7	a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other 82,272.	4	\$ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	als.	
	b Less cost or other basis and sales expenses	3,182.	0.	0.	3,182.
ı	a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)			Shadaning and a sa	
	See Part IV, line 18	The second second			
	See Part IV, line 19 a  b Less direct expenses b  c Net income or (toss) from gaming activities			Walker Digital top	
	a Gross sales of inventory, less returns and allowances		The state of the s	And the second	
11	Miscettaneous Revenue Business Code	` ` ` ` ` `	Î.		
	d All other revenue	0.071			, , , , , , , , , , , , , , , , , , ,
BAA	Total revenue. See instructions	8,871. A0109 07/08/11	0.	0.	8,871. Form 990 (2011)

# Form 990 (2011) Indianapolis Opera Company Foundation, Inc. Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

—	Check if Schedule O contains a re		this Part IX (B)	(C)	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	547,300.	547,300.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				- Part 196
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
4	Benefits paid to or for members				1.74
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 accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ε	Management		_	•	
t	Legal				
•	Accounting				
	Lobbying				
•	Professional fundraising services See Part IV, line 17		ı		
f	Investment management fees				
g	Other				
12					
13	Office expenses				
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				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	The second of the second	2		70
e	expenses on Schedule O.)		-1		h ag 12 , e
t	`				
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	547,300.	547,300.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following		]		
	SOP 98-2 (ASC 958-720)				•

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	33,452.	1	2,519.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,156.	4	1,156
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	<u>```</u>
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)),		3	· · · · · · · · · · · ·
	persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	े रेन्ट्रेडिंग
7	Notes and loans receivable, net		7	<del></del>
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
3	r repaid expenses and defened charges		9	
	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			·
p	Less: accumulated depreciation 10b	·····	10 c	
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		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	691,944.	15	136,050
16	Total assets. Add lines 1 through 15 (must equal line 34)	726,552.	16	139,725
17	Accounts payable and accrued expenses	40,000.	17	778
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	,		1, 17 (1, 44)
	<b>1</b>	_ <del></del>	22	····
23	Secured mortgages and notes payable to unrelated third parties		23	
24 25	Unsecured notes and loans payable to unrelated third parties		24	
_	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	73,542.	25	63,648
26	Total liabilities. Add lines 17 through 25.	113,542.	26	64,426
	Organizations that follow SFAS 117, check here > X and complete lines	The state of the s		In the second
	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	600,985.	27	64,497
28	Temporarily restricted net assets	12,025.	28	10,802
29	Permanently restricted net assets		29	V. and
	Organizations that do not follow SFAS 117, check here	, ,	1.5	er ringing
	lines 30 through 34.			. E. 65
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	· · · · · · · · · · · · · · · · · · ·
33	Total net assets or fund balances	613,010.	33	75,299
34	Total liabilities and net assets/fund balances	726,552.	34	139,725

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Form 990 (2011) Indianapolis Opera Company Foundation, Inc.	35-1	546777		Pe	age 12
Part XI Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI					\sqrt{\sqrt{1}}
	<del>-:::</del> -		<u></u>	<u> </u>	- 121
1 Total revenue (must equal Part VIII, column (A), line 12)		1		8,8	871.
2 Total expenses (must equal Part IX, column (A), line 25)		2	5	47,3	
3 Revenue less expenses. Subtract line 2 from line 1	[	3		38,4	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4	6	13,0	)10.
5 Other changes in net assets or fund balances (explain in Schedule O)	[	5			718.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		6		75,2	299.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII					. 🔲
				Yes	No
1 Accounting method used to prepare the Form 990.   Cash X Accrual Other				4	8 1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			,		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
c if Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	he audit,		2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				i.iik	SA SA
d If Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both:	ed on a		\(\frac{1}{2}\)	1	
Separate basis X Consolidated basis Both consolidated and separate basis				, -	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single		3 a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired aud	int	3 b		
BAA			Form	1 990 (	(2011)
					-

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

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

PUBLISH C		Organ	280011														Emple	yer identifi	catio	ou unmper		
							any l								_			15467				
Par	_										nizations						See ir	struction	ns			
	rgar										s 1 through		-	•		•						
1	Н										ches descr		ed in se	ction 17	0(b)(1)	(A)(I).						
2	Н										Schedule E											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).																					
4	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		Ал о	rganiz	ation o	pera	ed for	the ben	efit of a	colle	ge or	university o	wn	ned or o	perated	by a go	vernme	ntal uni	describ	ed II	n section	<b></b>	
6	$\Box$	•		,,,	•	•	,	or gove	emme	ental u	nit describe	d i	n sectl	on 170/l	λ/1\/Δ	(v)						
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X 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	$\sqcup$	A co	mmur	ity trus	it des	cribed	in secti	on 170	<b>(b)</b> (1)	(A)(v[	). (Complete	e F	Part II.)									
9	(																					
10	Ц	An o	rganiz	ation o	organi	zed an	d opera	ited exc	clusiv	ely to t	est for publ	iç :	safety.	See sec	tion 50	9(a)(4).						
11	Ц	more	publi	cly sup	porte	d orga	nızatıon	ıs desci	rıbed	in sect	the benefit tion 509(a)( lete_lines 1	1)	or secti	on 509(a	functioi a)(2). S	ns of, or ee secti	carry o on 509	ut the pu (a)(3). C	rpos	ses of one k the box	or that	
	_	а 🗌	Турє	1		t	) 🔲 Ty	pe II		•	C Type	Ш	- Fund	tionally	ntegrat	ed		d [	]	Type III -	- Othe	г
9		other	than	g this founda 9(a)(2)	ation r	certify nanag	that the ers and	organ other ti	izatio han o	n is no ne or r	it controlled more public	di ly s	rectly o support	r indirec ed orgar	ly by o	ne or mo s descri	re disc ped in s	ualified p section 50	ers 09(8	ons ı)(1) or		
f		If the chec	orgai k this	nizatio: box	rece	eived a	written	determ	inatio	n from	the IRS th	at i	is a Typ	ө I, Тур	ell or T	ype III s	upporti	ng organ	zat	ion,		. 🗆
g		Since	Aug	ust 17,	2006	, has t	he orga	nization	acce	epted a	any gift or o	on	ntributio	n from a	ny of th	e follow	ng per	ions?				
																					Yes	No
		(i)	belo	v, the	gover	ning b	ody of th	ne supp	orted	organ	alone or to	•					· · · ·	· · · ·		11 g (l)		
		(ii)		•		•			•	•	/e?									11 g (II)	<del>                                     </del>	<u> </u>
		(iii)				•	•				i) or (ii) abo									11 g (iii	<u> </u>	<u> </u>
<u>_</u>		Prov	de the	follov	ving ir	nforma	lion abo	ut the	suppo	rted o	rganization	(s)						·				
		(I) Na	me of si organiza	upported bon			(II) EIN		(0	sescribed above or	of organization of on lines 1-9 r IRC section tructions))		organia column your ge	Is the zation in (1) listed in overning ment?	the org	l you notify anization in mn (I) of support?	orga	f) is the nization in plumn (i) nized in the US?		(Mi) Amou	nt of sup	port
							<del></del>		1			_	Yes	No	Yes	No	Yes	No	ᆚ			
(A)																						
							•					7			<u> </u>	1		1	1			
<u>(B)</u>									_			$\dashv$				+	-	-	+	·	<del></del> -	<del></del>
(C)									ļ			$\downarrow$				-	-	-	$\downarrow$			
(D)										<del></del>		4			ļ			_	1			
<u>(E)</u>																						
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Total		<u> </u>					·		<u> </u>						<u> </u>		1		$\perp$			
RAA	ror	rape	rwor	k Hedi	iction	ı Act N	iotice, i	see the	i insti	ructio	ns for Forn	19	190 or 9	90-EZ.			Sche	dule A (F	om	n 990 or 9	90-EZ	2011- ~

Schedule A (Form 990 or 990-EZ) 2011 Indianapolis Opera Company Foundation, Inc. 35-1546777 Page 2
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

•	organization fails to qualify un	der the tests listed	below, please cor	nplete Part III.)	•		
Sec	tion A. Public Support		·				
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any funusual grants.)	3,515.	15,079.	1,088.	0.	0.	19,682.
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	3,515.	15,079.	1,088.	0.	0.	19,682.
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)	, , , , , , , , , , , , , , , , , , ,	The state of the s	<b>建</b> 水 3 位	· · · · · · · · · · · · · · · · · · ·		
	Public support. Subtract line 5 from line 4				, -	<u> </u>	19,682.
Sec	tion B. Total Support		1				<del></del>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
7	Amounts from line 4	3,515.	15,079.	1,088.	0.	0.	19,682.
8	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,204.	5,065.	1,839.	7,787.	5,689.	34,584.
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.)	-9,123.	-35,870.		1,302.	3,182.	-39,483.
11	Total support. Add lines 7 through 10		and the second	Marson in the	-		14,783.
12	Gross receipts from related activiti					12	
	First five years. If the Form 990 is organization, check this box and s	top here 🍈			<u> </u>		<u> ▶ ∏</u>
Sec	tion C. Computation of Pu Public support percentage for 201	blic Support I	Percentage	<del></del>			
	Public support percentage for 201  Public support percentage from 20						133.14 %
15 16a	33-1/3% support test — 2011. If t	he organization di	d not check the bo	x on line 13, and th	e line 14 is 33-1/3	% or more, check to	144.35 % his box
t	and stop here. The organization of 33-1/3% support test — 2010. If the and stop here. The organization of	he organization di	d not check a box	on line 13 or 16a, a	nd line 15 is 33-1/	3% or more, check	this box
178	10%-facts-and-circumstances to or more, and if the organization m the organization meets the facts-a	eets the facts-and	l-circumstances' te	st, check this box a	nd stop here. Exp	lain in Part IV how	_
	o 10%-facts-and-circumstances to or more, and if the organization me organization meets the facts-and-	eets the 'facts-and circumstances' tes	l-clrcumstances' te st. The organization	st, check this box a n qualifies as a pub	nd <b>stop here.</b> Exp licly supported org	plain in Part IV how anization	the ▶ □
-	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or 1			
BAA					ς.	chadula A (Form 9	190 or 990-FZ\ 2011

CIS6H5P3WW Indianapolis Opera Company Foundation, Inc. 35-1546777 Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 falled 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 yr beginning in) >
1 Gifts, grants, contributions and membership fees received (Do not include (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (8) 2011 (f) Total

	any 'unusual grants')						1
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 .						
7 8	Amounts included on lines 1,     2, and 3 received from     disqualified persons						
t	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			. ,			
d	Add lines 7a and 7b		•				
8	Public support (Subtract line 7c from line 6.)		神学は	18 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sec	tion B. Total Support					-	
Calen	ndar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					• • • • • • • • • • • • • • • • • • • •	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	and an array and a colling a colling and a colling a colling a colling and a colling and a colling a colling a colling and a colling a colling a colling a c						1
	Add lines 10a and 10b						
11	Add lines 10a and 10b						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
11	Add lines 10a and 10b			,			
11 12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and s				tax year as a sect	ion 501(c)(3)	
11 12 13 14	Add lines 10a and 10b				tax year as a sect	ion 501(c)(3)	▶∏
11 12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and setion C. Computation of Pu	blic Support P 1 (line 8, column (f)	ercentage ) divided by line 13	hird, fourth, or fifth		15	▶∏
11 12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and setion C. Computation of Pu	blic Support P 1 (line 8, column (f)	ercentage ) divided by line 13	hird, fourth, or fifth		15	
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and setion C. Computation of Pu	blic Support P 1 (line 8, column (f) 10 Schedule A, Pa	ercentage ) divided by line 13 art III, line 15	hird, fourth, or fifth		15	8
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and settion C. Computation of Pu  Public support percentage from 201	blic Support P 1 (line 8, column (f) 10 Schedule A, Parestment Incor	Percentage ) divided by line 13 art III, line 15 ne Percentage	hird, fourth, or fifth		15	8
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and section C. Computation of Pu  Public support percentage for 201  Public support percentage from 201  Public support percentage from 201  Ition D. Computation of Inventorial in the properties of	blic Support P 1 (line 8, column (f) 10 Schedule A, Parestment Incor 2011 (line 10c, col	Percentage ) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by	hird, fourth, or fifth  column (f)  column (f)			8
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and section C. Computation of Pu  Public support percentage for 201  Public support percentage from 201  Investment income percentage from 101  Investment income percentage from 101  103-1/3% support tests — 2011. If is not more than 33-1/3%, check the	blic Support P 1 (line 8, column (f) 210 Schedule A, Parestment Incor 2011 (line 10c, column 2010 Schedule A) the organization do is box and stop his	dercentage  ) divided by line 13  art III, line 15  ne Percentage  lumn (f) divided by  A, Part III, line 17  and not check the boere. The organization	hird, fourth, or fifth  column (f)  line 13, column (f)  ox on line 14, and line on qualifies as a p	)	15 16 17 18 n 33-1/3%, and line organization	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and section C. Computation of Pu  Public support percentage for 201  Public support percentage from 201  Public support percentage from 201  Investment income percentage for 101  Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check the control of the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%, check the line 18 is not more than 33-1/3%.	blic Support P  1 (line 8, column (f) 210 Schedule A, Parestment Incor 2011 (line 10c, column 2010 Schedule A) the organization dinis box and stop he the organization dicheck this box and	dercentage  at III, line 15  ne Percentage  lumn (f) divided by  A, Part III, line 17  at not check the boere. The organizate  d not check a box  stop here. The or	hird, fourth, or fifth  b, column (f)  line 13, column (f)  ox on line 14, and line 14 or line 1 ganization qualifies	ne 15 is more than ublicly supported is a and line 16 is a sa a publicly sup	15 16 17 18 133-1/3%, and line organization more than 33-1/3% ported organization	% % % 9 17 ► ☐
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and section C. Computation of Pu  Public support percentage for 201  Public support percentage from 201  Investment income percentage for 101  Investment income percentage from 201  Investment income percentag	blic Support P  1 (line 8, column (f) 210 Schedule A, Parestment Incor 2011 (line 10c, column 2010 Schedule A) the organization dinis box and stop he the organization dicheck this box and	dercentage  at III, line 15  ne Percentage  lumn (f) divided by  A, Part III, line 17  at not check the boere. The organizate  d not check a box  stop here. The or	hird, fourth, or fifth  b, column (f)  line 13, column (f)  ox on line 14, and line 14 or line 1 ganization qualifies	ne 15 is more than ublicly supported is a and line 16 is a sa a publicly sup	15 16 17 18 133-1/3%, and line organization more than 33-1/3% ported organization	% % % 9 17 ► ☐

Schedule A	(Form 990 or 9	90-EZ) 2011	Indianap	olis Opera	Company F	oundation,	Inc. 35-154677	7 Page 4
Part IV	Supplemen Part II, line (See instruc	i <b>tal Informa</b> 17a or 17b; itions).	ition. Comple and Part III, I	ete this part to ine 12. Also	o provide the complete this	e explanation s part for any	s required by Part II, I additional information	ine 10; .
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TEEA0404 05/25/11

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection ' '
Employer Identification number

Inc	dianapolis Opera Company Founda	ation. Inc.		35-1546777
	rt I Organizations Maintaining Donor		her Similar Fun	
<u> </u>	the organization answered 'Yes' to F	Form 990, Part IV, line	6.	ide of Accounts. Complete ii
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	10,000		toy . sinds and enter decounts
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 a funds are the organization's property, subject to the	advisors in writing that the as ne organization's exclusive le	sets held in donor a	dvised
6	Old the organization inform all grantees, donors, a used only for charitable purposes and not for the purpose conferring impermissible private benefit?	benefit of the donor or donor	that grant funds can advisor, or for any o	other — — —
Pai	rt II   Conservation Easements. Comple		nswered 'Yes' to	
1	Purpose(s) of conservation easements held by the	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	7 7 0171 000, 1 41 (14, 1110 7.
•	Preservation of land for public use (e.g., recre	•	in the second se	of an historically important land area
	Protection of natural habitat	anon or cadocatorly	<b>—</b>	of a certified historic structure
	Preservation of open space			a destinad historic structure
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation	contribution in the fo	orm of a conservation easement on the
_	last day of the tax year	ioio a quamico conscivanon		
				Held at the End of the Tax Year
	Total number of conservation easements			. 28
ı	Total acreage restricted by conservation easemer	nts		. 2 b
•	Number of conservation easements on a certified	historic structure included in	(a)	. 2c
•	Number of conservation easements included in (c structure listed in the National Register	acquired after 8/17/06, and	I not on a historic	. 2d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguish	ned, or terminated by	y the organization during the
4	Number of states where property subject to conse	ervation easement is located	<b>•</b>	
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring,	inspection, handling	g of violations,
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conserv	ation easements du	ring the year
8	Does each conservation easement reported on lir 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	uirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements	s conservation easements in e organization's financial stat	its revenue and exp tements that describ	ense statement, and balance sheet, and es the organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historic ered 'Yes' to Form 990,	al Treasures, or Part IV, line 8.	r Other Similar Assets.
1 8	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIV, the text of the footnote to its financial	ld for public exhibition, educa	ation, or research in	tatement and balance sheet works of furtherance of public service, provide,
t	<ul> <li>If the organization elected, as permitted under SF historical treasures, or other similar assets held to following amounts relating to these items:</li> </ul>	AS 116 (ASC 958), to report public exhibition, education	in its revenue state n, or research in furti	ment and balance sheet works of art, herance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line	e1		<b>.</b> \$
	(II) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	ustorical treasures, or other s	imilar assets for fina	
ε	Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			

1 TEEA3301 05/25/11

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 India	napolis Opera	Company Found	dation, Inc.	35-154	6777	Page 2
Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, o	or Other Similar As:	sets (continu	ued)
<ol> <li>Using the organization's acquisition items (check all that apply).</li> </ol>	, accession, and other	r records, check any	of the following that	are a significant use of it	s collection	
a Public exhibition		d Loan or ex	change programs			
b Scholarly research		e Other	3- F 8			
c Preservation for future generat	ions	<u> </u>			<del>. – . –</del>	
4 Provide a description of the organize Part XIV.	ation's collections and	explain how they fur	ther the organizatio	en's exempt purpose in		
5 During the year, did the organizatio assets to be sold to raise funds rath	n solicit or receive dor ner than to be maintair	nations of art, historic ned as part of the orga	al treasures, or othe anization's collection	er similar n?	Yes	No
Part IV Escrow and Custodial line 9, or reported an ar	Arrangements.  mount on Form 99	Complete if the o 0, Part X, line 21	rganization ans	wered 'Yes' to Form	990, Part I\	<b>V</b> ,
1 a Is the organization an agent, truster included on Form 990, Part X?	e, custodian, or other i	intermediary for contr	butions or other as	sets not	☐ Yes	
b If 'Yes,' explain the arrangement in					ا ا	٠٠
,	,	•			Amount	
c Beginning balance				. 1c		
d Additions during the year				<del></del>	•	
e Distributions during the year				<del></del>		
f Ending balance				1f		
2 a Did the organization include an ame	ount on Form 990, Par	t X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in	Part XIV.				<u> </u>	_
Part V Endowment Funds. Co	mplete if the orga	nization answere	d 'Yes' to Form	990, Part IV, line 10	),	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	ers back
1 a Beginning of year balance	613,010.	537,029.	539,66	3. 599,921.		's' "'198
<b>b</b> Contributions			1,08	8. 15,079.	. : 12.	11月上海市市
c Net investment earnings, gains,					100	
and losses	9,589.	79,981.	42,10	072,587.		· · · · · · · · · · · · · · · · · · ·
d Grants or scholarships					中的可能的共和国	
Other expenditures for facilities and programs	547,300.	4,000.	45,00			
f Administrative expenses			82			P. T.
<b>g</b> End of year balance	75,299.	613,010.	537,02	9. 539,663.	aliver resident	<b>水湖</b>
2 Provide the estimated percentage of	,	balance (line 1g, col	umn (a)) held as:			
a Board designated or quasi-endown		<del></del> 8				
b Permanent endowment  -						
c Temporarily restricted endowment		_ &				
The percentages in lines 2a, 2b, an	d 2c should equal 100	<b>1%</b> .				
3 a Are there endowment funds not in t organization by.	he possession of the o	organization that are l	neld and administer	ed for the	Yes	No
• •					. 3a(i) X	
(ii) related organizations					. 3a(ii)	Х
b If 'Yes' to 3a(ii), are the related orga	anizations listed as req	uired on Schedule R	?		. 3b	х
4 Describe in Part XIV the intended u						
Part VI Land, Buildings, and E	<u> Equipment. See F</u>	Form 990, Part X	line 10.			
Description of property		t or other basis (I vestment)	o) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land				7年1年600万年60日1		
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment	<del></del>				<del></del>	
<b>e</b> Other				L		
Total. Add lines 1a through 1e (Column	(d) must equal Form 9	90, Part X, column (E	3), line 10(c).)			
BAA				School	fule D (Form 9)	90\ 2011

Part VII Investments — Other Securities. S	See Form 990. Part X. li	ine 12.	
(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(including name of security)		Cost or end-of	year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
``			
<u>(A)</u>			
<u>(B)</u>			
(C)			<u> </u>
(E)			
(F)			
(G)			
(H)			
<u> </u>			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12).			, , , ()
Part VIII Investments - Program Related.		line 13.	
(a) Description of investment type	(b) Book value		d of valuation:
(1)		Cost or end-of-	year market value
(2)			
(3)	<del></del>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).		x 31 (1) 1 1	it is a different collins
(10)		2 M () 1 N	projet organical
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X	X, line 15. a) Description	2 M () ()	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a  (1) Investment Securities - valued	X, line 15. a) Description at market value		(b) Book value 5,578.
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued (2) Charitable Remainder Trust - valued	X, line 15. a) Description at market value		(b) Book value 5,578. 119,670.
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust	X, line 15. a) Description at market value		(b) Book value 5,578 119,670
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)	X, line 15. a) Description at market value		(b) Book value 5,578 119,670
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)	X, line 15. a) Description at market value		(b) Book value 5,578, 119,670.
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)	X, line 15. a) Description at market value		(b) Book value 5,578 119,670
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)  (7)  (8)  (9)	X, line 15. a) Description at market value		(b) Book value 5,578 119,670
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578 119,670 10,802
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. See Form 990, Part X	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578 119,670 10,802
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2) Deferred Trust Liability  (3)  (4)  (5)  (6)  (7)	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578 119,670 10,802
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a  (1) Investment Securities - valued  (2) Charitable Remainder Trust - valued  (3) Benficial Interest in Trust  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. See Form 990, Part  (a) Description of hability  (1) Federal income taxes  (2) Deferred Trust Liability  (3)  (4)  (5)  (6)  (7)  (8)  (9)	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578 119,670 10,802
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued (2) Charitable Remainder Trust - valued (3) Benficial Interest in Trust (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part X, column (1) Federal income taxes (2) Deferred Trust Liability (3) (4) (5) (6) (7) (8) (9) (10)	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578 119,670 10,802
[10]  Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. See Form 990, Part X  (a)  (1) Investment Securities - valued (2) Charitable Remainder Trust - valued (3) Benficial Interest in Trust (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part X, column (1) Federal income taxes (2) Deferred Trust Liability (3) (4) (5) (6) (7) (8) (9)	X, line 15. a) Description at market value alued at market value (B), line 15.)	alue	(b) Book value 5,578.

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TEEA3303 01/23/12

Schedule D (Form 990) 2011

	ndianapolis Opera Company Foundation, Inc.	35-1546777 Page 4
Part XI   Reconciliation of Ch	lange in Net Assets from Form 990 to Audited Financial Stateme	ents
1 Total revenue (Form 990, Pa	rt VIII, column (A), line 12)	
2 Total expenses (Form 990, F	art IX, column (A), line 25)	
3 Excess or (deficit) for the year	r Subtract line 2 from line 1	
4 Net unrealized gains (losses)	on investments	
5 Donated services and use of	facilities	
6 Investment expenses		
7 Prior period adjustments	• 	
	lines 4 through 8	
	ar per audited financial statements. Combine lines 3 and 9	
	f Revenue per Audited Financial Statements With Re	
1 Total revenue, gains, and oth	ner support per audited financial statements	
, -	out not on Form 990, Part VIII, line 12.	
	stments	_
	facilities	
	nts	<del></del> -
	2d	
		20
	990, Part VIII, line 12, but not on line 1:	
	sluded on Form 990, Part VIII, line 7b 4 a	
		. (')
		4c
	nd 4c. (This must equal Form 990, Part I, line 12)	
	of Expenses per Audited Financial Statements With E	
	er audited financial statements	
	but not on Form 990, Part IX, line 25:	· · · · · · · · · · · · · · · · · · ·
	facilities	.
	2b	<del></del>
	2c	
	2d	
	000 000 100 100 000 100 100 100 100 100	80.0
	990, Part IX, line 25, but not on line 1:	
	duded on Form 990, Part VIII, line 7b	
	40	4c
	and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIV   Supplemental I		
Complete this part to provide the d	tescriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4	4: Part IV. lines 1b and 2b;
Part V, line 4; Part X, line 2, Part X	(i, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part to provide
any additional information		
na statue 4 mil	a Indianamalia Onoma Company Favedation	Inc. (Boundation) was
Pt V Line 4 Th	e Indianapolis Opera Company Foundation,	inc. (Foundation) was
•		
or or	ganized to perpetuate the Indiana Opera S	ociety, inc. (Opera)
an	d financially support its artistic, educa	tional and cultural aims.
Th	e Foundation is governed by a Board of Tr	ustees who has full
di	scretion as to the use of the funds withi	n the framework of the
	undertante weeks and her lave . The second	
Fo	undation's goals and by-laws. It was the	oriding incent of the
<b></b>	ard of Trustage to maintain the important	t cornue in marnatuity
	ard of Trustees to maintain the investmen	c corbus in berbecarch.
Pt X The	Opera and the Foundation are not-for-profit organizat	ions, exempt from income taxes under
BAA	TEEA3304 05/25/11	Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Part XIV Supplement	Indianapolis Oper	a Company	Foundation,	Inc.	35-1546777	Page 5
[Part XIV   Supplement	at information (continue	3U)				<del></del> .
	Section 501(c)(3) of the	U.S. Internal	Revenue code an	d have been clas	ssified as organizations	that are
	not private founda	tions_unde	r Section 5	09(a) of th	e <u>Internal Revenu</u>	e Code.
	Accounting Standards for	Income Taxes	provide detaile	d quidance for	financial statement reco	gnition
	measurement, and disclo	sure of uncer	tain tax posit	ions recognize	d <u>in an enterprise's f</u>	<u>inancial</u>
	statements. The Organiz	ation individ	ually evaluate	s_its_activitie	s to determine that the	y <u>are in</u>
	compliance with its tax e	xempts purpose	s. For those a	ctivities that t	the Organization determin	nes_to_be
	unrelated business inco	me, the Organ	ization record	s_the_resulting	unrelated business in	come_tax_
	liability, if any. A	ll tax perio	ds_prior_to_2	2007 are no lo	nger subject to exam	<u>ination.</u>
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Schedule D (Form 990) 2011

CIS6H5P3WW Schedule I (Form 990) (2011) Support of Ope **ջ** □ (N) Purpose of grant or essistance Open to Public Inspection OMB No 1545-0047 2011 Employer Identification number . . . . . X Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 35-1546777 Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 (g) Description of non-cash assistance . . . . . . . . . 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book FMV, appraisal, other) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. TEEA3901 08/01/11 Governments, and Individuals in the United States FMV . . . . . . . . . . . . . . . . . Grants and Other Assistance to Organizations, (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. 547,300. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Part II can be duplicated if additional space is needed . . . . (e) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the instructions for Form 990. Part I General Information on Grants and Assistance Indianapolis Opera Company Foundation, Inc. 3 Enter total number of other organizations listed in the line 1 table. 35-1405179 (B) EIN (1) Indiana Opera Society, In Indianapolis IN 46205 1 (a) Name and address of organization or government 250 E 38th St Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I ଫ୍ର ಥ E 3 3 역

(a) Type of grant or assistance (b) Number of recipents (c) Amount of non-cash assistance (d) Amount of on-cash assistance (e) Number of cash grant (a) Amount of non-cash assistance (e) FAV, appearsal, other)  3  4  5  6  7  7  7  7  7  7  7  7  7  7  7  7

CIS6H5P3WW (g) IRC section of Schedule N (Form 990 or 990-EZ) 2011 recipient(s) (if tax-exempt) or type of entity ž Open to Public Inspection OMB No 1545-0047 201 Yes Liquidation, Termination, or Dissolution. Complete this part if the organization answered Yes' to Form 990, Part IV, line 31, or Form 990-EZ, Employer Identification number 28 2 P 2 2 2 c 35-1546777 a Become a director or trustee of a successor or transferee organization? (f) Name and address of recipient d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? Liquidation, Termination, Dissolution, or Significant Disposition of Assets Complete If the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 Attach certified copies of any articles of dissolution, resolutions, or plans.
 Attach to Form 990 or 990-EZ. b Become an employee of, or independent contractor for, a successor or transferee organization? e if the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. TEEA4701 08/12/11 (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. c Become a direct or indirect owner of a successor or transferee organization? . . . . . line 36. Part I can be duplicated if additional space is needed (c) Fair market value of asset(s) disrubuted or amount of transaction Did or will any officer, director, trustee, or key employee of the organization Indianapolis Opera Company Foundation, Inc. (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid SCHEDULE N (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization Parti

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	Yes No								swered	(g) IRC section of recipent(s) (if tax-exempl) or type of entity	501(c)(3								Yes No		×	<u> </u>	× :	×	r 990-EZ) 21
1110#CT-CC	then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should	<b>6</b>	or terminate?		\$	e9	mal Revenue Code and state laws? 6b		More than 25% of the Organization's Assets. Complete this part if the organization answered ne 36. Part II can be duplicated if additional space is needed.	(f) Name and address of recipient	Indiana Opera Societ 250 E 38th St Indianapolis IN 47305											92		Darwill •	Schedule N (Form 990 or 990-EZ) 2011
	mn (B), line 16 (Total as	cribe in Part III	priate state official of its intent to dissolve, liquidate, or terminate?				accordance with the Inte	lities 1f 'No,' explain in	Organization's Auplicated if addition	(e) EiN of recipient	35-1405179													ion's significant disposition in	וועמון
company roundarion	Form 990, Part X, colu	rument(s)? If 'No,' des	state official of its inte				dunng the tax year in	otherwise settled these liabilities 1f 'No,' explain in	e than 25% of the 6. Part II can be d	(d) Method of deternuning FMV for asset(s) disinbuted or transaction expenses	FMV											ransferee organization?		result of the organizati	TEEA4702 08/12/11
r Dissolution (continued)	luring the tax year, then f	ce with its governing inst	neral or other appropriate	•	accordance with state la	standing during the year?	x-exempt bond liabilities			(c) Far market value of asset(s) distributed or amount of transaction expenses	547,300.									yee of the organization:		or, a successor or transf	Iransferee organization?	er similar payments as a tions in this line, provide	
n, or Dissolu	all of its assets d	sets in accordan	the attorney ger	such notice?	y all liabilities in	empt bonds out	fease all of its ta	how the organiz	ition, or Oth	(b) Date of distribution	02/23/12									e, or key employ	xessor or transf	dent contractor f	a successor or t	pensation or oth	con house
Part I Liquidation, Termination, or Dissolution (continued)	Note. If the organization distributed all of its assets during the tax year, equal -0	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III	4 a Is the organization required to notify the attorney general or other appro	^	5 Did the organization discharge or pay all liabilities in accordance with state laws?.	6 a Did the organization have any tax-exempt bonds outstanding during the	b DId the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	c if Yes, to line 6b, describe in Part III how the organization defeased or Part III	Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete the Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed	1 (a) Description of asset(s) distributed or transaction expenses paid	Stock/investments .				ı					2 Did or will any officer, director, trustee, or key employee of the organization:	a become a director of trustee of a successor or transferee organization?	b become an employee of, or independent contractor for, a successor or t	c become a direct or indirect owner of a successor or transferee organization?	d heceive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?  • If the organization answered Yes' to any of the questions in this line, organization of the person involved and evaluating but III.	BAA

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.	
	. – – –
	. – – –

#### SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

2011

Employer identification number

Department of the Troasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection ...

Indianapolis Oper	ra Company Foundation, Inc.	35-1546777
Pt_VI, Line lla		e Committee will receive a PDF copy of the Form 990
	10 business days prior to the submission	of the form to appropriate government entities.
	All formal requests for clarificate	ion or change are to be resolved at least
	3 business days prior to the submissi	on of the form. The Finance Committee chair
	will approve and authorize, on b	ehalf of the Board of Directors, the
	completed Form 990 and submit the d	ocument to the Board Chairman for signature.
Pt_VI, Line 12c	On an annual basis, all board me	mbers shall be provided with a
	copy of the conflict of interest	policy and are required to
	complete and sign the acknowledge	ement on the disclosure form.
Pt_VI,_Line_19	Copies of the current and most recent	three years Form 990 will be provided within
	three business days in the case	of in-person requests. Requests received
	in writing, by phone, fax or e-m	ail will be honored by providing the
	current Form 990, conflict of in	terest policy and any annual report in
	PDF format via e-mail within thr	ee business days.
Pt_XI	Line 5 - Unrealized gain on inve	stments = \$70,892
		·
	·	

CIS6H5P3WW (g) Sec 512(b)(13) controlled emity Schedule R (Form 990) 2011 Orect controlling entity 욷 Open to Public Inspection OMB No 1545-0047 Yes 201 Part II: 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.) Employer Identification number (f) Direct controlling entity 35-1546777 (e) End-of-year assets N/A Public charity status (if section 501 (c)(3)) Part I Identification of Disregarded Entitles (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33) ê Complete if the organization enswered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. Pee separate instructions. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 09/08/11 501(c)(3) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity with opera and musical theatre IN to provide the community with (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Indianapolis Opera Company Foundation, Inc. 1 1 1 (1) Indiana Opera Society Inc. 250 E. 38th Street Indianapolis, IN 46202 (a) Name, address, and EIN of disregarded entity (a) Name, address, and ElN of related organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Name of the organization ත් 咠 8 3 প্র ₹

35-1546777

Indianapolis Opera Company Foundation, Inc.

Schedule R (Form 990) 2011

Page 3

Schedule R (Form 990) 2011 Indianapolis Opera Company Foundation, Inc.

(d) Method of determining Schedule R (Form 990) 2011 amount involved Yes 2 E 9 = Lease of facilities, equipment, or other assets to related organization(s) e Loans or loan guarantees by related organization(s) Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved 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. c Gift, grant, or capital contribution from related organization(s) p Reimbursement paid by related organization(s) for expenses. 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? (b) Transaction type (a-r) h Exchange of assets with related organization(s) TEEA5003 05/24/11 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a) Name of other organization r Other transfer of cash or property from related organization(s) € 2 ම 9 9

Schedule R (Form 990) 2011 Indianapolis Opera Company Foundation, Inc.

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

(k) Percentage ownership Schedule R (Form 990) 2011 (I) General or managing partner? ٥ 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. Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
allocations? ž Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? TEEA5004 05/24/11 ş Predominant Are all parl income section (related, urrelated, urrelated, urrelated, excluded from tax under section 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of entity ₩ ন্ত্ৰ 9 €, ଜ୍ର ଟ୍ର E

Schedule R	(Form 990) 2011	Indianapolis	Opera	Company	Foundation,	Inc.	35-1546777	Page 5
Part VII	Supplementa							
•	Complete this (see instruction	part to provide a	dditional	informatio	n for responses	to questions o	n Schedule R	
				<b>-</b> -				
		*****						
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				,				
BAA				TEEA5005	5 05/25/11		Schedule R (Form	n 990) 2011

35-1546777

**Additional Information** 

Form 990 - Part III - Statement of Organization's Primary Exempt Purpose

To perpetuate Indiana Opera Society, Inc. (Opera) and to financially support the artistic, educational, and cultural claims of the Opera

Indianapolis Opera Company Foundation, Inc.

35-1546777

**Supporting Statement of:** 

Form 990 p 12/Part XI, Line 5

Description	Amount
Unrealized gain on investments	718.
Total	718