



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



Form **990**
 Department of the Treasury
 Internal Revenue Service

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)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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	C Name of organization PHILHARMONIC CENTER FOR THE ARTS Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 5833 PELICAN BAY BLVD _____ City or town, state or country, and ZIP + 4 NAPLES, FL 34108	D Employer identification number 59-2322926 E Telephone number (239) 597-1111 G Gross receipts \$ 38,918,311
F Name and address of principal officer KATHLEEN VAN BERGEN 5833 PELICAN BAY BLVD NAPLES, FL 34108		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.THEPHIL.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1983 M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENLIGHTEN, EDUCATE AND ENTERTAIN PEOPLE OF ALL AGES AND BACKGROUNDS IN SW FLORIDA BY PRESENTING THE VERY BEST OF THE VISUAL AND PERFORMING ARTS _____ _____ _____ 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 381 6 Total number of volunteers (estimate if necessary) 6 750 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 691,344 b Net unrelated business taxable income from Form 990-T, line 34 7b 129,921		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		7,295,199	12,032,163
9 Program service revenue (Part VIII, line 2g)		13,621,864	15,009,358
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,165,110	1,790,742
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,401,015	1,270,714
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,483,188	30,102,977
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		27,600	23,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		10,978,950	11,221,003
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 632,263			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		12,815,620	14,402,836
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		23,822,170	25,646,839
19 Revenue less expenses Subtract line 18 from line 12		-338,982	4,456,138
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		121,892,723	99,994,911
21 Total liabilities (Part X, line 26)		9,066,163	9,501,117
22 Net assets or fund balances Subtract line 21 from line 20		112,826,560	90,493,794

Part II Signature Block

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

Sign Here	***** Signature of officer	2013-04-22 Date
	KATHLEEN VAN BERGEN CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ KEVIN P CAIRNS CPA	Date 2013-04-18	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00227652 Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTONLARSONALLEN LLP 4099 TAMIAMI TRAIL N STE 300 NAPLES, FL 34103 EIN ▶ 41-0746749 Phone no ▶ (239) 262-8686
---------------------------------	---	--------------------	---	---

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE ORGANIZATION SERVES MORE THAN 350,000 PATRONS EACH YEAR THROUGH OVER 400 CONCERTS, EXHIBITIONS AND EDUCATIONAL OPPORTUNITIES THE PHILHARMONIC CENTER BRINGS THE VERY BEST OF THE VISUAL AND PERFORMING ARTS TO THE NAPLES COMMUNITY THROUGH ITS MAJOR DIVISIONS THE NAPLES PHILHARMONIC ORCHESTRA, THE PHILHARMONIC CENTER FOR THE ARTS AND THE PATTY & JAY BAKER NAPLES MUSEUM OF ART

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,076,390 including grants of \$) (Revenue \$ 4,164,327)

NAPLES PHILHARMONIC ORCHESTRA - THE PREMIER PROFESSIONAL ORCHESTRA OF SOUTHWEST FLORIDA AND RESIDENT ORCHESTRA OF THE PHIL, THE NAPLES PHILHARMONIC ORCHESTRA IS RECOGNIZED AS ONE OF THE TOP REGIONAL ENSEMBLES IN THE UNITED STATES IN ADDITION TO CLASSICAL, POPS AND CHAMBER MUSIC CONCERTS, THE ORCHESTRA HAS APPEARED ON TWO PBS TELEVISION SPECIALS AND ACCOMPANIED SUCH RENOWNED ARTISTS AS RENEE FLEMING, ANDREA BOCELLI, KATHLEEN BATTLE AND FREDERICA VON STADE

4b (Code) (Expenses \$ 13,097,592 including grants of \$) (Revenue \$ 11,351,304)

CENTER FOR THE ARTS - THE PHIL IS HOME TO A DIVERSE ROSTER OF VISITING ORCHESTRAS, TOURING BROADWAY SHOWS AND GUEST ARTISTS FROM THE WORLDS OF COMEDY, POP, THEATRE AND DANCE WITH TWO VENUES, THE 1,425 SEAT HAYES HALL AND 282 SEAT DANIELS PAVILION, THE PHIL HAS THE ABILITY TO PRESENT THE BROADEST RANGE OF PROGRAMMING AVAILABLE IN THE COUNTRY

4c (Code) (Expenses \$ 1,665,716 including grants of \$) (Revenue \$ 206,149)

NAPLES MUSEUM OF ART - THE NAPLES MUSEUM OF ART FEATURES A PERMANENT COLLECTION FOCUSED ON AMERICAN MODERNISM AND MODERN MEXICAN MASTERS AND HOSTS TRAVELING EXHIBITIONS FROM SUCH ESTEEMED INSTITUTIONS AS BOSTON'S MUSEUM OF FINE ARTS AND THE SMITHSONIAN THE BUILDING ITSELF, AN IMPRESSIVE WORK OF ART, SHOWCASES CHANDELIERS AND AN ILLUMINATED PERSIAN CEILING BY RENOWNED GLASS ARTIST DALE CHIHULY, A 45 FOOT GLASS DOME AND 14 FOOT HIGH ENTRANCE GATES DESIGNED BY METAL ARTISAN ALBERT PALEY

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 20,839,698

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included in line 1a, above, who are independent (29); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 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? (No); 16b 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 take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RENEE NEVILLE, 5833 PELICAN BAY BLVD, NAPLES, FL 34109, (239) 597-1111.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,055,546	0	101,649	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BACKSTAGE TECHNICIANS EMPLOYEE PAYROLL PO BOX 100 CAMDEN, NY 13316	PAYROLL BENEFITS COMPANY	699,312
LMIS TOURING COMPANY 7135 MINSTREL WAY COLUMBIA, MD 21045	TOURING COMPANY	614,083
THE HUEY COMPANY 630 9TH AVENUE NY, NY 10036	TOURING COMPANY	574,098
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	TOURING BALLET COMPANY	420,906
ZAZA USA TOUR LLC 7135 MINSTREL WAY COLUMBIA, MD 21045	TOURING COMPANY	419,444

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶29**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	164,528				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	517,829				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,349,806				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	12,032,163				
Program Service Revenue			Business Code				
	2a	CENTER FOR THE ARTS	711300	10,327,280	10,327,280		
	b	ORCHESTRA RELATED	711300	4,164,327	4,164,327		
	c	ADMISSIONS	711300	311,602	311,602		
	d	MUSEUM OF ART	711300	206,149	206,149		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		15,009,358				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		751,216		751,216	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
			Gross rents	992,310			
		b	Less rental expenses	1,132,515			
		c	Rental income or (loss)	-140,205			
	d	Net rental income or (loss)		-140,205		24,029	-164,234
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	7,775,000	46,000		
		b	Less cost or other basis and sales expenses	6,718,591	62,883		
		c	Gain or (loss)	1,056,409	-16,883		
	d	Net gain or (loss)		1,039,526			1,039,526
	8a	Gross income from fundraising events (not including \$ 164,528 of contributions reported on line 1c) See Part IV, line 18					
	a				266,697		
b	Less direct expenses b			235,515			
c	Net income or (loss) from fundraising events		31,182			31,182	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a						987,584	
b	Less cost of goods sold b					665,830	
c	Net income or (loss) from sales of inventory		321,754	100,958	220,796		
Miscellaneous Revenue		Business Code					
11a	PROCESSING FEES	900099	421,445	421,445			
b	ADVERTISING REVENUE	541800	244,418		244,418		
c	HALL RENTAL INCOME	531120	202,101		202,101		
d	All other revenue		190,019	190,019			
e	Total. Add lines 11a-11d		1,057,983				
12	Total revenue. See Instructions		30,102,977	15,721,780	691,344	1,657,690	

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 response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	23,000	23,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	568,819	203,819	278,531	86,469
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	8,920,481	6,308,870	2,298,461	313,150
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,015,563	700,232	274,435	40,896
10	Payroll taxes	716,140	493,195	194,247	28,698
11	Fees for services (non-employees)				
a	Management				
b	Legal	70,134	6,951	63,183	
c	Accounting	58,420		58,420	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	117,360	117,360		
g	Other	6,468,880	6,381,929	76,117	10,834
12	Advertising and promotion	1,186,160	1,166,616		19,544
13	Office expenses	1,157,951	645,812	492,801	19,338
14	Information technology	56,405		54,702	1,703
15	Royalties	572,381	572,381		
16	Occupancy	1,025,765	1,008,367	14,630	2,768
17	Travel	388,783	352,433	28,504	7,846
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,596		50,946	650
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,486,979	1,485,702		1,277
23	Insurance	29,594	29,594		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING & PUBLICATIONS	474,979	438,050		36,929
b	OTHER EXPENSES	378,396	65,374	289,901	23,121
c	EXHIBIT EXPENSES	349,844	349,844		
d	MISC PRODUCTION COSTS	221,061	221,061		
e					
f	All other expenses	308,148	269,108		39,040
25	Total functional expenses. Add lines 1 through 24f	25,646,839	20,839,698	4,174,878	632,263
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	5,448,317	2	5,051,062
	3 Pledges and grants receivable, net	2,718,412	3	2,410,919
	4 Accounts receivable, net	551,708	4	625,658
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	285,431	8	131,613
	9 Prepaid expenses and deferred charges	881,703	9	1,070,783
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	61,872,083		
	b Less accumulated depreciation	25,491,014	10c	36,381,069
	11 Investments—publicly traded securities	46,036,821	11	50,179,224
	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	28,853,098	15	4,144,583
16 Total assets. Add lines 1 through 15 (must equal line 34)	121,892,723	16	99,994,911	
Liabilities	17 Accounts payable and accrued expenses	733,256	17	825,314
	18 Grants payable		18	
	19 Deferred revenue	3,621,356	19	3,669,630
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,862,794	23	3,713,394
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	848,757	25	1,292,779
	26 Total liabilities. Add lines 17 through 25	9,066,163	26	9,501,117
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	60,631,560	27	41,071,794
	28 Temporarily restricted net assets	11,159,000	28	4,967,000
	29 Permanently restricted net assets	41,036,000	29	44,455,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	112,826,560	33	90,493,794	
34 Total liabilities and net assets/fund balances	121,892,723	34	99,994,911	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,102,977
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,646,839
3	Revenue less expenses Subtract line 2 from line 1	3	4,456,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,826,560
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,788,904
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	90,493,794

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PHILHARMONIC CENTER FOR THE ARTS

Employer identification number

59-2322926

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 **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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning 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 "unusual grants.")	17,453,451	8,979,629	12,118,878	6,693,199	12,032,163	57,277,320
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	17,453,451	8,979,629	12,118,878	6,693,199	12,032,163	57,277,320
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)						6,658,385
6 Public Support. Subtract line 5 from line 4						50,618,935

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	17,453,451	8,979,629	12,118,878	6,693,199	12,032,163	57,277,320
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	925,693	851,180	593,324	677,002	751,216	3,798,415
9 Net income from unrelated business activities, whether or not the business is regularly carried on	211,088	80,502	642,028	235,775	130,921	1,300,314
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						62,376,049
12 Gross receipts from related activities, etc (See instructions)					12	70,310,957

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	81.150 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	81.610 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PHILHARMONIC CENTER FOR THE ARTS

Employer identification number 59-2322926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$ 0
(ii) Assets included in Form 990, Part X \$ 0

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$ 0
b Assets included in Form 990, Part X \$ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	46,783,000	38,840,000	32,322,000		
b Contributions	2,808,000	1,852,000	4,391,000		
c Investment earnings or losses	-387,000	7,965,000	3,873,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,100,000	1,874,000	1,746,000		
f Administrative expenses					
g End of year balance	47,104,000	46,783,000	38,840,000		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 6 000 %
- b** Permanent endowment ▶ 94 000 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,412,922		5,412,922
b Buildings		45,757,265	18,137,890	27,619,375
c Leasehold improvements		273,967	98,024	175,943
d Equipment		6,632,928	3,753,849	2,879,079
e Other		3,795,001	3,501,251	293,750
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				36,381,069

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LIABILITIES	543,949
ANNUITY PAYMENT LIABILITY	85,663
INTEREST RATE SWAP AGREEMENT	663,167
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,292,779

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,102,977
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,646,839
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,456,138
4	Net unrealized gains (losses) on investments	4	-2,152,951
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,635,953
9	Total adjustments (net) Add lines 4 - 8	9	-26,788,904
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-22,332,766

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	29,870,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,152,951
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,919,974
e	Add lines 2a through 2d	2e	-232,977
3	Subtract line 2e from line 1	3	30,102,977
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	30,102,977

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	27,697,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,050,161
e	Add lines 2a through 2d	2e	2,050,161
3	Subtract line 2e from line 1	3	25,646,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	25,646,839

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	DURING THE YEARS ENDED JUNE 30, 2012 AND 2011, THE PHILHARMONIC ACQUIRED WORKS OF ART FOR A TOTAL COST OF \$287,000 AND \$-0-, RESPECTIVELY DURING THESE SAME PERIODS, THE PHILHARMONIC ACCEPTED DONATIONS OF ART WITH AN ESTIMATED VALUE OF \$29,900 AND \$236,000, RESPECTIVELY PURSUANT TO PHILHARMONIC POLICIES, PURCHASES OF ART ARE RECORDED AS EXPENSES IN THE STATEMENT OF ACTIVITIES, NO VALUE IS REPORTED FOR THE IN-KIND CONTRIBUTION OF ART
	PART III, LINE 4	MORE THAN 2,400 OBJECTS AND WORKS OF ART COMPRISE THE PHILHARMONIC'S COLLECTIONS, INCLUDING WORKS OF AMERICAN MODERNISM, MEXICAN MODERNISM, LATIN AMERICAN CONTEMPORARY, CONTEMPORARY ART OF THE AMERICAS, AND CONTEXTUAL COLLECTION TWO AND THREE DIMENSIONAL OBJECTS SUCH AS PAINTINGS, WORKS ON PAPER AND SCULPTURE, AS WELL AS MINIATURES COLLECTIONS THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FINANCIAL GAIN
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FUNDS ARE USED FOR THE ONGOING OPERATIONS OF THE PHILHARMONIC CENTER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE PHILHARMONIC HAS ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS THE PHILHARMONIC HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT THE PHILHARMONIC HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE PHILHARMONIC IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS PRIOR TO 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		ROUNDING CHANGE IN VALUE OF BLAIR FOUNDATION RECEIVABLE -134,253 CHANGE IN ACCOUNTING POLICY FOR TREATMENT OF COLLECTION ITEMS -26,748,957 BLAIR RECEIVABLE ADJUSTMENT 2,247,257 TOTAL TO SCHEDULE D, PART XI, LINE 8 -24,635,953
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF INVENTORY SOLD 665,830 DIRECT FUNDRAISING EXPENSES 235,515 DIRECT RENTAL EXPENSES 1,132,515 REALIZED LOSS ON SALE OF FIXED ASSETS 16,883 CHANGE IN VALUE OF BLAIR FOUNDATION RECEIVABLE -134,253 ROUNDING 3,484
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF INVENTORY SOLD 665,830 DIRECT FUNDRAISING EXPENSES 235,515 DIRECT RENTAL EXPENSES 1,132,515 REALIZED LOSS ON SALE OF FIXED ASSETS 16,883 ROUNDING -582

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PHILHARMONIC CENTER FOR THE ARTS

Employer identification number 59-2322926

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>PARTIES OF NOTE</u> (event type)	<u>INCOGNITO</u> (event type)	<u>7</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	278,607	35,600	117,018	431,225
	2 Less Charitable contributions	107,178	9,500	47,850	164,528
	3 Gross income (line 1 minus line 2)	171,429	26,100	69,168	266,697
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	57,036	6,376	15,097	78,509
	8 Entertainment	325			325
	9 Other direct expenses	81,929	6,519	68,233	156,681
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(235,515)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				31,182	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION ASSISTANCE	4	23,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SCHOLARSHIP IS IN THE FORM OF TUITION ASSISTANCE AND IS MAILED DIRECTLY TO THE UNIVERSITY ON BEHALF OF THE SCHOLARSHIP RECIPIENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
PHILHARMONIC CENTER FOR THE ARTS

Employer identification number

59-2322926

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MYRA JANCO DANIELS	(i)	313,118	0	64,063	16,500	1,826	395,507	0
	(ii)	0	0	0	0	0	0	0
(2) BUCK NAOMI W	(i)	153,193	0	0	2,979	1,716	157,888	0
	(ii)	0	0	0	0	0	0	0
(3) GOTTSCHALK CHARLES	(i)	122,559	0	0	22,000	10,212	154,771	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
PHILHARMONIC CENTER FOR THE ARTS

Employer identification number
59-2322926

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	4	0	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF ARRANGEMENT	PART I, LINE 30B	THE PROPERTY DONATED MUST BE USED FOR EXEMPT PURPOSES FOR THE ENTIRE HOLDING PERIOD
NON REPORTING OF REVENUE	PART I, LINE 33	THE ORGANIZATION CHANGED ITS ACCOUNTING POLICY FOR TREATMENT OF ACQUISITIONS OF ARTWORK AND SUBSEQUENTLY NO CONTRIBUTIONS OF ARTWORK ARE INCLUDED IN REVENUES ON FORM 990 PART VIII HOWEVER, DURING THE YEAR YEAR ENDED 6/30/12 THE ORGANIZATION RECEIVED \$29,880 OF APPRAISED COLLECTIONS OF ARTWORK

Schedule M (Form 990) 2011

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 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
PHILHARMONIC CENTER FOR THE ARTS

Employer identification number

59-2322926

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIRS OF THE VARIOUS SUB-COMMITTEES OF THE PHILHARMONIC THE COMMITTEE HAS THE COMPLETE AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN GENERAL MEETINGS BUT ANY DECISIONS OF THE COMMITTEE ARE RATIFIED BY THE BOARD AT THE NEXT GENERAL MEETING
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE DIRECTOR REVIEWS THE PREPARED RETURN FOR ACCURACY AGAINST THE AUDITED FINANCIALS AND THE GENERAL LEDGER THE CEO THEN REVIEWS THE DRAFT APPROVED BY THE FINANCE DIRECTOR ONCE THE CEO HAS APPROVED THE RETURN THE DRAFT IS SUBMITTED TO THE FINANCE/AUDIT COMMITTEE OF THE BOARD THE DRAFT IS THEN SUBMITTED TO THE BOARD FOR REVIEW BEFORE THE RETURN IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S POLICY STATES THAT "ANY EMPLOYEE WHO DISCOVERS AN EVENT OF QUESTIONABLE, FRAUDULENT OR ILLEGAL NATURE SHOULD IMMEDIATELY REPORT SUCH EVENT TO THE CEO OR HUMAN RESOURCES THE COMPANY WILL PROTECT EMPLOYEES WHO REPORT IN GOOD FAITH WHAT THEY REASONABLY BELIEVE TO BE A VIOLATION OF STATE AND FEDERAL LAW OR CONDITIONS OR PRACTICES THAT WOULD PUT THE HEALTH OR SAFETY OF EMPLOYEES AT RISK NO EMPLOYEE WILL BE DISCHARGED, THREATENED OR DISCRIMINATED AGAINST IN ANY MANNER FOR REPORTING WHAT THEY PERCEIVE AS WRONGDOING "
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS SET PER THE COMPENSATION STUDY COMPLETED BY PRICE-WATERHOUSE COOPERS THIS COMPENSATION STUDY WAS BASED ON NORMS AND OTHER RELEVANT DATA FOR EACH SUCH POSITION THIS STUDY WAS PERFORMED IN 2006 BUT THE ORGANIZATION EVALUATES COMPENSATION ANNUALLY BASED ON NATIONWIDE SURVEYS AND CONTINUES TO FOLLOW THE PROGRAM DESIGN IMPLEMENTED IN 2006
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,152,951 ROUNDING CHANGE IN VALUE OF BLAIR FOUNDATION RECEIVABLE -134,253 CHANGE IN ACCOUNTING POLICY FOR TREATMENT OF COLLECTION ITEMS -26,748,957 BLAIR RECEIVABLE ADJUSTMENT 2,247,257 TOTAL TO FORM 990, PART XI, LINE 5 - 26,788,904
	FORM 990, PART XII, LINE 1	EFFECTIVE JULY 1, 2010, THE PHILHARMONIC CHANGED ITS POLICY FOR THE TREATMENT OF WORKS OF ART THE PHILHARMONIC BELIEVES THAT THE NEW POLICY IS MORE CONSISTENT WITH THE REPORTING OF WORKS OF ART WITHIN THE MUSEUM INDUSTRY THE CONSOLIDATED FINANCIAL STATEMENTS FOR 2011 HAVE BEEN RETROACTIVELY RESTATED FOR SUCH CHANGE, WHICH RESULTED IN A DECREASE IN WORKS OF ART OF \$26,749,000 AND A DECREASE IN THE CHANGE IN NET ASSETS FOR 2011 OF \$236,000 NET ASSETS HAVE BEEN DECREASED ACCORDINGLY IN THE AMOUNT OF \$26,700,000 AS OF THE BEGINNING OF 2011 FOR THE EFFECT OF RETROACTIVE APPLICATION OF THE NEW POLICY ON THE TAX RETURN, THE CHANGE IS INCLUDED ON FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS
	FORM 990, PART XII, LINE 2C	THE PROCESS OF ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PHILHARMONIC CENTER FOR THE ARTS

Employer identification number
59-2322926

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHIL LLC 5551 RIDGEWOOD DRIVE NAPLES, FL 34108 59-3739460	LESSOR OF COMMERCIAL PROPERTY	FL	993,077	9,967,838	THE PHILHARMONIC CENTER FOR THE ARTS INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:
Software Version:
EIN: 59-2322926
Name: PHILHARMONIC CENTER FOR THE ARTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C MICHAEL ARMSTRONG DIRECTOR	1 00	X						0	0	0
JAMES C CURVEY DIRECTOR	1 00	X						0	0	0
JAY H BAKER DIRECTOR	1 00	X						0	0	0
JEANNE DRACKETT DIRECTOR	1 00	X						0	0	0
DAVID R DROBIS DIRECTOR	1 00	X						0	0	0
ROBERT EDWARDS DIRECTOR	1 00	X						0	0	0
LINDA C FLEWELLING DIRECTOR	1 00	X						0	0	0
EUGENE U FREY DIRECTOR	1 00	X						0	0	0
LAVERN N GAYNOR DIRECTOR	1 00	X						0	0	0
EVANGELINE R HAARLOW DIRECTOR	1 00	X						0	0	0
ALAN F HILFIKER DIRECTOR	1 00	X						0	0	0
NED C LAUTENBACH DIRECTOR	1 00	X						0	0	0
LOIS WERTHEIMER LIPNIK DIRECTOR	1 00	X						0	0	0
JAMES P MCCREADY DIRECTOR	1 00	X						0	0	0
GERRI MOLL DIRECTOR	1 00	X						0	0	0
J LEO MONTGOMERY DIRECTOR	1 00	X						0	0	0
ROBERT W MORRIS DIRECTOR	1 00	X						0	0	0
WILLIAM J O'MEARA DIRECTOR	1 00	X						0	0	0
LAWRENCE R PUGH DIRECTOR	1 00	X						0	0	0
DONALD E RYKS DIRECTOR	1 00	X						0	0	0
WILLIAM J SCHOEN DIRECTOR	1 00	X						0	0	0
STEPHEN L SCHWARTZ DIRECTOR	1 00	X						0	0	0
BRUCE S SHERMAN DIRECTOR	1 00	X						0	0	0
WILLIAM S STAVROPOULOS DIRECTOR	1 00	X						0	0	0
WILLIAM C STEERE JR DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E STEPHENS DIRECTOR	1 00	X						0	0	0
GEORGE W SYPERT DIRECTOR	1 00	X						0	0	0
TIMOTHY H UBBEN DIRECTOR	1 00	X						0	0	0
CORBIN WYANT SECRETARY	1 00	X		X				0	0	0
MARY CAROLINE FREY DIRECTOR	1 00	X						0	0	0
BOB SHERMAN DIRECTOR	1 00	X						0	0	0
KATHLEEN VAN BERGEN CEO 9/1/11 TO PRESENT	40 00			X				85,268	0	182
MYRA JANCO DANIELS CEO TO 9/1/11	40 00			X				377,181	0	18,326
NEVILLE RENEE ELIZ DIRECTOR OF FINANCE/TREASURER	40 00			X				109,018	0	15,712
BUCK NAOMI W DIRECTOR OF PROGRAMMING	40 00					X		153,193	0	4,695
GOTTSCHALK CHARLES GM/ORCHESTRA	40 00					X		122,559	0	32,212
LANE JACQUELINE L CREATIVE DIRECTOR	40 00					X		104,607	0	11,148
CROWLEY JR JOSEPH DIRECTOR OF FACILITY OPS	40 00					X		103,720	0	19,374