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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED SEP 1 9 2012

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

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

at the end of the year may use this form

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

A	For the	2011 calenda	ar year, or tax year beginning July 1 , 2011, and ending	June	30 , 20 12
В	Check if ap	plicable	C Name of organization	Employer	identification number
	Address ch	hange	New Philharmonic Orchestra of Irving, Inc.		75-2239724
님	Name char	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephone	number
H	Initial retur		3333 N MacArthur Blvd., #300	9	72-252-7558
H	Terminated Amended		City or town, state or country, and ZIP + 4	Group Ex	emption
	Application		Irving, TX 75062-8029	Number	► N/A
G	Account	ing Method	☑ Cash ☐ Accrual Other (specify) ► H Ch	eck ▶ □	If the organization is not
	Websit	_			ttach Schedule B
J 1	Tax-exem	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 (Fo	rm 990, 9	90-EZ, or 990-PF)
K	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 527 organization a	and its gro	ss receipts are normally
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	-	•
	the orga	nization choo	ses to file a return, be sure to file a complete return	·	, ,
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (P	art II,	
١	ine 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 72,791
G	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	ns for Part I.)
			the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received	. 1	56,227
	2		ervice revenue including government fees and contracts	. 2	11,474
	3	-	ip dues and assessments	. 3	-0-
	4	Investmen	•	. 4	7
	5a	Gross amo	ount from sale of assets other than inventory 5a	-0-	
	ь		or other basis and sales expenses	-0-	
	l c	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	-0-
	- - ₆		nd fundraising events		
	a	Gross inc	ome from gaming (attach Schedule G if greater than		
e		\$15,000)		-0-	
ē	Ь	Gross inco	me from fundraising events (not including \$ -0- of contributions		
Revenue			aising events reported on line 1) (attach Schedule G if the		
•	` }		1 1 1 1 1 1 1 1 1 1 1 1 1	,083	
	c	Less: direc	et expenses from gaming and fundraising events . 6c 2	,144	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
	1	line 6c)	KECEIVFD	. 6d	2,939
	7a	Gross sale	Sof inventory, less returns and allowances	-0-	
	Ь	Less: cost	of goods sold a 20	-0-	
	C	Gross prof	itior (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	-0-
	⊥_8 _		nue (describe in Schedule O)	8	-0-
	9		nue Add lines 1/2, 3] 4, 5c, 6d, 7c, and 8	▶ 9	70,647
	10		similar amounts paid (list in Schedule O)	. 10	500
	11	Benefits pa	aid to or for members	. 11	-0-
S	12	Salaries, o	ther compensation, and employee benefits	. 12	-0-
Sc	13		al fees and other payments to independent contractors		30,576
Expenses	14		y, rent, utilities, and maintenance		
Ä	15		ublications, postage, and shipping		5,564
	16		enses (describe in Schedule O)		
	17		enses. Add lines 10 through 16		_
	10	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree w		\\\
SS			ar figure reported on prior year's return)		35,686
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		
ž	21		or fund balances at end of year. Combine lines 18 through 20		+
_			The second secon	- - '	200 57

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2011)



Pai	•	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	
			<u> </u>	(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investments			35,164	-	59,353
23	Land and buildings				23	-0-
24	Other assets (describe in Schedule O)			522	 	1,055
25 26	Total liabilities (describe in School of Co.			35,686	 	60,408
20 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		<u> </u>	-0- 35,686		-0- 60,408
Par					21	00,408
. GII	Check if the organization used Schedule	• ,		•	l	Expenses
What		Charitable and Educ		1 a.t		quired for section (c)(3) and 501(c)(4)
	, , , , , , , , , , , , , , , , , , ,				orga	anizations and section
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				7(a)(1) trusts, optional others)
28	Musical concerts and community service projects, b	enefiting almost 2,50	O persons. This incl	udes about 7,000	1	
	hours of time by voluntary muscians, and more than	\$20,000 of in-kind de	onations of support t	ime and supplies.	ł	
	This also includes Temporarily Restricted invetment	funds of \$25,000 wit	h Dallas Foundation	Fund		
	(Grants \$ 500) If this amount	ıncludes foreign gra	ints, check here	🕨 🗌	28 a	70,925
29						
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗌	29a	ı -0-
30						
					1	
	(O -) A					
		ıncludes foreign gra			30a	a -0-
31	Other program services (describe in Schedule O)			. —		
33	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra		▶ ⊔	31a	
Pari			h one over if not con	· · · ·		_
ıaı	Check if the organization used Schedule					
	Oncok ii the organization asea concadie	-	(c) Reportable	(d) Health benefits,		• • • 🖭
	(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ	employee (e) Estimated amoui	
		devoted to position	(if not paid, enter -0-)			other compensation
Dr. S	ergio Espinosa	Music Director - 7				
		-	7,000	- ا	0-	-0-
Susa	n Scheib	General Manager -	-			
		10	4,800) -	0-	-0-
Ralp	h Wilson	Stage Manager/				
		BM -2	700) <u> </u>)_	0-
Katie	Cohen	Librarian - 5				
			1,050	-	0-	-0-
Gret	chen Cabrera	President/BM/			_ -	
		Strings - 10	-0-		0-	-0-
Janie	ce Spooner	Secretary - 1				
	<u> </u>	. <u></u>	-0-	-	0-	-0-
Otto	Crumroy	Treasurer- 15 BM	_		_	_
			-0.	•	0-	-0-
Retty	/ Taylor Cox	VP, Development/ BM -10			_	
11	Percent		-0-	•	0-	-0-
Man	Bryant	Board Member -1			_	•
Sara	h Hytan	Board Marrhay 4	-0	-	0-	-0-
Jara	h Hyten	Board Member - 1	٠٠.		0-	-0-
Mark	a Maletic	Board Member -1		-	"	
1414111	i marette	Doard Member -1	-0-	_	0-	-0-
Beth	/ Miller	Board Member -1	-0.	-	-	-0-
	oninued on Page 2a)		-0-	. .	0-	-0-

_		ınızation used Schedu		I	(A) Beginning of year	Τ -	(B) End of year
22	Cash, savings, and inve	etmente		}	(A) Deginning or year	22	(b) End of year
 23	Land and buildings					23	
24	Other assets (describe i			· · · ·		24	
25	Total assets	· ·				25	
26	Total liabilities (describ			: : : : : : :		26	
27	Net assets or fund bal			h line 21)		27	
Vhat			le O to respond to a	ny question in this	Part III .	501(d organ	Expenses uired for section c)(3) and 501(c)(4) nizations and section
erso	neasured by expenses. In ons benefited, and other re	n a clear and concise	manner, describe the	e services provided	d, the number of		(a)(1) trusts, option thers)
28							
29	(Grants \$) If this amou	nt includes foreign gra		 -	28a	
	(Grants \$					20-	
30	(Grants \$		nt includes foreign gra		<u> </u>	29a	
	(Grants \$		nt includes foreign gra	ants, check here	. ▶ 🗆	30a	
31	Other program services (c	describe in Schedule O)				
	Other program services (c) (Grants \$	describe in Schedule O) If this amou)	 ants, check here		31a	
32	Other program services (c) (Grants \$ Total program service e	describe in Schedule O) If this amous expenses (add lines 28:) nt includes foreign gra a through 31a)	ants, check here		31a 32	
32	Other program services (c) (Grants \$ Total program service et IV List of Officers, Dir	describe in Schedule O) If this amount of the service of the serv) nt includes foreign gra a through 31a) ey Employees. List eac	ants, check here	npensated (see the	31a 32	ctions for Part IV
32	Other program services (c) (Grants \$ Total program service et IV List of Officers, Dir	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu) nt includes foreign gra a through 31a) ey Employees. List eac	ants, check here	mpensated (see the Part IV	31a 32 Instruc	ctions for Part IV
32 Par	Other program services (c) (Grants \$ Total program service et IV List of Officers, Dir Check if the organic	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu	nt includes foreign gra a through 31a) . ey Employees. List ead le O to respond to a (b) Title and average hours per week	ants, check here ch one even if not cor iny question in this (c) Reportable compensation (Forms W-2/1099-MISC	mpensated (see the Part IV	31a 32 Instruc	ctions for Part IV
32 Part	Other program services (c) (Grants \$ Total program service e t IV List of Officers, Dir Check if the orga (a) Name and a	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu	nt includes foreign gra a through 31a) . ey Employees. List ead le O to respond to a (b) Title and average hours per week	ants, check here ch one even if not cor iny question in this (c) Reportable compensation (Forms W-2/1099-MISC	mpensated (see the Part IV	31a 32 Instruc	etions for Part IV
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32 Par (Co	Other program services (c) (Grants \$ Total program service et IV List of Officers, Dir Check if the orga (a) Name and a continued from Page 2) Silvernail Dolezal Staab	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu	nt includes foreign gra a through 31a) . ey Employees. List each le O to respond to a (b) Title and average hours per week devoted to position Board Member -1	ants, check here ch one even if not cor iny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	mpensated (see the Part IV	31a 32 Instruc 	Estimated amount ther compensation
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32 Part (Co	Other program services (c) (Grants \$ Total program service e t IV List of Officers, Dir Check if the orga (a) Name and a continued from Page 2) Silvernail Dolezal Staab Willson St Young	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu	nt includes foreign gra a through 31a) ey Employees. List each le O to respond to a (b) Title and average hours per week devoted to position Board Member -1 VP, Marketing.BM - 2 VP, Marketing/BM - 2 Wind Personnel/ BM -2	ants, check here ch one even if not cor iny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) -0	mpensated (see the Part IV	31a 32 Instruc 	Estimated amount ther compensation
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32 Par (Co Phil : Jan I Sue Tom Anth	Other program services (c) (Grants \$ Total program service e t IV List of Officers, Dir Check if the orga (a) Name and a continued from Page 2) Silvernail Dolezal Staab Willson et Young ryl Stewart Brown	describe in Schedule O) If this amout expenses (add lines 28 rectors, Trustees, and Kanization used Schedu	nt includes foreign gra a through 31a) ey Employees. List each le O to respond to a (b) Title and average hours per week devoted to position Board Member -1 Board Member -1 VP, Marketing.BM - 2 VP, Marketing/BM 2 Wind Personnel/ BM -2 Brass Personnel-2	ants, check here ch one even if not cor iny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) -0 -0 -0	mpensated (see the Part IV —	31a 32 Instruction	ctions for Part IV

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		~
00	D. I. II		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لبا
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes." complete Schedule L. Part II and enter the total amount involved	38a		•
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		v
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			i
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on-line 40c - reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization of books are in date of processing and the processing are the processing and the processing are the processing and the processing are the processing	72-78	0-107	9
	Located at ► 1438 Cardinal Creek Dr., Duncanville, TX ZIP + 4 ►	75137		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	420	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
—с–	-At-any-time-during-the-calendar-year,-did the organization maintain an office outside the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	-	٠	▶∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.4	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a		~
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			L
	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		~

Page	4

Yes No

		e organization engage, directly or in ndidates for public office? If "Yes," of the control of t			on behalf	of or in oppo	sition	46		
Part V		Section 501(c)(3) organizations				ble trusts o	only. A		tion	
	_ ;	501(c)(3) organizations and secti	on 4947(a)(1) none	kempt charitable						o
		and 52, and complete the tables								
-		Check if the organization used Sci	hedule O to respond	I to any question in	this Part	<u>VI</u>	•	• •	Yes	
47 1	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect during th	e tax		res	No
		If "Yes," complete Schedule C, Par						47		1
		organization a school as described in		i)? If "Yes." complet	e Schedul	eE		48		~
		e organization make any transfers to						49a		1
		s," was the related organization a se						49b		
		plete this table for the organization's								
	empic	byees) who each received more than	1 \$100,000 of comper	T		. If there is no lealth benefits,	one, en	ter "N	one.	
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to employed lans, and deferred Impensation		stimate ner com		
None										
				 						
										
									-	
f	Total	number of other employees paid ov	er \$100.000	▶ No	ne					
		plete this table for the organization		• •		 ctors who ea	ich rec	eved	more	than
		000 of compensation from the orga				J. G. G. W. 10 G.		0.700		
(a) N	lame ar	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of s	ervice		(c) Com	- pensati	on	-
None										
				1		1				
				1						
					·-					
				-						
						- 				
				1						
d	Total	number-of-other-independent-contra	actors-each-receiving	over-\$100,000			None			
		ne organization complete Schedule			ons and 49	947(a)(1)				
	none	kempt chantable trusts must attach	a completed Schedu	le A	<u> </u>	• • • •	. ▶ [•	Yes		No
		of penury, I declare that I have examined this discomplete. Declaration of preparer (other that					y knowle	dge an	d belief	, it is
		otto Comment.				Sen 6	20	12		
Sign		Signature of officer	4			Date \	,			
Here		Otto Crumroy, Jr, Treasurer								
		Type or print name and title	Preparer's signature		Date	<u> </u>		PTIN		
Paid		Print/Type preparer's name	reparer a signature		Jaic	Check self-em				
Prepa		Firm's name ▶				Firm's EIN ▶	-10,00			
Use C	עותי	Firm's address ►				Phone no				
May the	e IRS	discuss this return with the prepare	r shown above? See	instructions	· · ·		. ▶ [Yes		No
							F	om 99	0-EZ	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

New	Philha	armonic Orch	estra of Irving, In	C.						75-22	39724		
Pai	t [Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ns.	_	
The	organi	zation is not	a private founda	ition because it is: (Fo	r lines 1	through 1	1, check	only one	box)				
1	□ A	church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(i	i).			
2	□ A	school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	h Sched	ule E)							
3	□ A	hospital or a	cooperative ho	spital service organiza	ation desi	cribed in	section '	170(b)(1)((A)(iii).				
4			earch organizatione, city, and state	on operated in conjunct	ction with	n a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Ente	r the	
5			on operated for ()(1)(A)(iv). (Com	the benefit of a collequete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit c	lescrit	ed in
6 7	✓ Aı	n organizatio	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	n the ge	neral (oublic
8				n section 170(b)(1)(A)		nolete Pa	rt II.)						
9	☐ Aı re sı	n organizatio ceipts from upport from	on that normally activities related gross investme	receives. (1) more that to its exempt function in the income and unrelater June 30, 1975. See	an 331/3% ions—sulated bus	6 of its subject to d siness tax	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio) no more	than 3	31/3%	of its
10 11	☐ Ai	n organization	on organized ar one or more pub	operated exclusively of operated exclusive olicly supported organ	ely for th	ne benefit described	t of, to p	perform to 100 (a	the funct a)(1) or se	tions of, ection 50!	9(a)(2). S		
				describes the type of		•		•	ete lines 1	_	•		
е	□ B ₁		indation manage	Type II c that the organization ers and other than one	is not co		lirectly oi	ndırectl		or more		ed pe	rsons
- f	lf	the organiz		a-written-determinatio	on from	the IRS t	that it⁻is	а Туре	I, Type	II, or -Typ	e III suj	oportii	ng~
g	Sı	-	17, 2006, has ti	he organization accep	oted any	gift or co	ontributio	n from a	iny of the	Э		•	
	(i)	A person v	who directly or i	ndirectly controls, eith	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
	(-)		-	ody of the supported		_		•		(,	11g(i	 -	 -
	fii			on described in (i) abo	-						11g(ii		ļ
				a person described in						• •			
h		•	•	•	., .,						11g{ii	וע	L
organization (described on lines 1–9 in col (i) listed in your the organization in organization above or IRC section governing document? col (i) of your (i) organization							(vii) Amount of support						
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													

Total

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.)

Secti	on A. Public Support		···				
Calen	dar 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.")	21,492	33,657	27,271	28,685	56,227	167,332
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-	-0-	-	-
4	Total. Add lines 1 through 3	21,492	33,657	27,271	28,685	56,227	167,332
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)						42,972
6	Public support. Subtract line 5 from line 4.						124,360
Secti	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	21,492	33,657	27,271	28,685	56,227	167,332
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247	202	252	224		4 200
•		217	393	352	234	7	1,203
9	Net income from unrelated business activities, whether or not the business is regularly carried on	 -0-	 - 0 -	₋₀ -	_{5,695}	2,939	8,634
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11 12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here.	e organization			-	12 ear as a section	177,169 77,214 on 501(c)(3)
Secti	on C. Computation of Public Suppor				<u> </u>		<u> </u>
14	Public support percentage for 2011 (line 6			1. column (fl)		14	70.19 %
15	Public support percentage from 2010 Sch		-			15	78.98 %
16a	331/3% support test-2011. If the organiz			on line 13, and	d line 14 is 331	/3% or more, c	heck this
b	box and stop here. The organization qua 331/a% support test—2010. If the organ check this box and stop here. The organ	nzation did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che	eck this box ar	nd stop here. (Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization memory in Part IV how the organization memory supported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	ns box and st	op here.
18	Private foundation. If the organization di	d not check a l	oox on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □

A	(Complete only if you checked th						idei Fait ii
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	()		1 () 2222	-		T (0 = 1
Calend	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tota
	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		1		1		
3	Gross receipts from activities that are not an		-				
	unrelated trade or business under section 513						
4	Tax revenues levied for the						1
	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 .	 -					
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year		ļ				
	Add lines 7a and 7b						ļ
8	Public support (Subtract line 7c from						·
	line 6.)		<u> </u>	<u> </u>	<u> </u>	l	
	on B. Total Support	() 0007	# N 0000	() 0000	(1) 0040	() 0044	(n T)
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tot
	Amounts from line 6 , ,						+
iva	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			 	 	 	-
U	section 511 taxes) from businesses						
	acquired after June 30, 1975 .				1		
С	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business						
	activities not included in line 10b, whether						İ
	or not the business is regularly carried on				ı		
12	Other income Do not include gain or			<u> </u>		 	
	loss from the sale of capital assets				l		
	(Explain in Part IV.)		ļ				
13	Total support. (Add lines 9, 10c, 11,			İ			
	and 12)						
14	First five years. If the Form 990 is for the	ie organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sect	ion 501(c)(3
	organization, check this box and stop he	re					•
Secti	on C. Computation of Public Suppor	t Percentag	je			•	
15	Public support percentage for 2011 (line 8	3, column (f) c	livided by line	13, column (f))		15	
16	Public support percentage from 2010 Sch	nedule A, Part	III, line 15			16	
Secti	on D. Computation of Investment In						•
17	Investment income percentage for 2011 (oy line 13, colu	mn (f))	17	
18	Investment income percentage from 2010			-		18	
19a	331/3% support tests - 2011. If the organ						3%, and lin
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organiza	ation I
	The first more under one revel, embere und box	and otop nore	n mo organiza.	· - · · · - - · · · · · · · · · · · · · · · · · ·	- k		

Part IV VIA	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4
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SÇHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2011
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization

New Philharmonic Orchestra of Irving, Inc.

Employer identification number
75-2239724

Part I, Line 10, and Part III, Line 28: Scholarship awarded high school student to continue their music education. Awarded after qualifying
performance competition, open to all Irving, Texas high achool string, brass, and woodwind students.
Part I, Line 16: Designated gift of \$25,000 (included in Part I, Line 1)was added to the Endowment Fund and recorded as Temporarily
Restricted funds. Flowers costing \$107 were given ill members; Bank Charges of \$91 and Financial Review cost of \$100 were also added.
The Temporarily Restricted gift of \$25,000 was included in the amounts reported in Part 1, Line 1, Line 9, Line 17, and Line 20. Also in Part II
Line 22, Line 25, and Line 28a.
Part II, Line 24 includes flowers for sick members, bank charges, the fee for the financial audit and Compilation Report, and Prepaid
Insurance to be used to cover two concerts performed in Oct and Dec, 2012.
Part IV c: All compensation listed is amounts paid to independent contractors, under contract, and reported to the IRS on Forms 1099-MISC.
Part V, Line 35: All income reported in Part I, Line 6d was from unrelated business activity NOT regularly carried on and only for
the convienence of the orchestra members; e.g., an annual silent auction of items donated to the orchestra, concert recordings made for archival purposes and provided to orchestra members in exchange for donations to the orchestra, and rebate donations from grocery stores.
All unrelated business activity was thus not reportable as taxable, as defined by the IRS, and no Form 990-T was prepared.
End of Comments.