

## 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

#### **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

For the 2011 calendar year, or tax year beginning August 1 2011, and ending 20 12 C Name of organization Wartburg Community Symphony Association, Inc. D Employer identification number Check if applicable 42-1196367 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 3 319-352-8370 City or town, state or country, and ZIP + 4 Terminated Waverly, IA 50677-0003 G Gross receipts \$ 44858 Amended return F Name and address of principal officer Jon Tehven, President H(a) is this a group return for affiliates? Yes Vo No Application pending address same as C above H(b) Are all affiliates included? Yes No. **√** 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status: www.wartburg.edu/symphony/ Website: ▶ H(c) Group exemption number ▶ 1952 M State of legal domicile L Year of formation Summary Briefly describe the organization's mission or most significant activities: Wartburg Community Symphony is dedicated to enhancing the cultural vitality of Northeast lowa by sharing the gift of symphonic music through concerts and educational Governance 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 15 **Activities &** Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . . . . 6 40 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -0-Net unrelated business taxable income from Form 990-T, line 34 7b -0-Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 25621 42215 9 Program service revenue (Part VIII, line 2g) 2095 2611 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 51 32 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . O--0-12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27767 44858 13 7410 -0-14 -0--0-15 2242 4707 Professional fundraising fees (Part IX, Column (A), line 11e) . . . .

Total fundraising expenses (Part IX, Column (D), line 25) ▶ 16a -O--0b 17 Other expenses (Ram & Pollumn (A), lines 11a-11d, 11f-24e) 47856 27160 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 57508 31867 12991 19 Revenue less expenses. Subtract line 18 from line 12 (29741)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8440 21602 21 Total liabilities (Part X, line 26) . -0--0-22 Net assets or fund balances. Subtract line 21 from line 20 8440 21602

Part II Signature Block Under penalties of penury, 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 Date Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check | if self-employed **Preparer** Firm's ElN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

Cat. No. 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2011)

orm 99	0 (2011) Page	<b>2</b>
Part l		_
1	Check if Schedule O contains a response to any question in this Part III	 
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	— D
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 31663 including grants of \$ 0 ) (Revenue \$ 2611 )  Provided education and entertainment by presenting 5 orchestral music concerts of the highest possible quality to Northeast lowa.	_
	Provided education and entertainment by presenting 5 orchestral music contents of the highest possible quality to wortheast lower	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	_
	•	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	

31663

4e Total program service expenses ▶

Part	Checklist of Hequired Schedules			
4	Is the assembled in action 501/a)/a) or 4047/a)/1) /athor than a private foundation)? If "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	<b>√</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
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? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u>✓</u>
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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? If	:		,
7	"Yes," complete Schedule D, Part I	6		<b>✓</b>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1 <b>√</b>
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? If "Yes," complete Schedule D, Part VII	11b		<u>·</u> ✓
С	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? If "Yes," complete Schedule D, Part VIII	11c		<b>→</b>
đ	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? If "Yes," complete Schedule D, Part IX			
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<b>✓</b>
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)? If "Yes," complete Schedule D, Part X.	11f		<u>✓</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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? If "Yes," complete Schedule F, Parts I and IV.	446		1
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 United States? If "Yes," complete Schedule F, Parts II and IV.	14b		1
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 United States? If "Yes," complete Schedule F, Parts III and IV			
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? If "Yes," complete Schedule G, Part I (see instructions)	16		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		1
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
~	If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<del>                                     </del>
	in 165 to line 20a, the the organization attach a copy of its abuned infancial statements to this feturity.		n <b>99</b> 0	(2011)

Form 99	0 (2011)		F	age 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
00	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>-</b>
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? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>→</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):			
<b>a</b> b -	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	<b>✓</b>
		For	- QQA	(2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	• •		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   7		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		
ь	organization solicit any contributions that were not tax deductible?	6a		<b>V</b>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^		1		
с 14а	Enter the amount of reserves on hand	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		┢

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions.				
Section	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    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?	2						
3	la de la companya de							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>/</b>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		1				
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?	7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	✓	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	✓					
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	9		<b>✓</b>				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	<u></u>	,				
			Yes	No				
10a b		10a	_	<u> </u>				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ <u>.</u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			i				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		/				
14	Did the organization have a written document retention and destruction policy?	14		<b>/</b>				
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?							
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	L				
b	Other officers or key employees of the organization	15b		<u> </u>				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		✓_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b	l	L				
	on C. Disclosure		_					
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)				
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Carolyn Hughes, 503 Emery Dr., Waverly, IA 50677-1326, 319-352-0050	of the	•					

Earm	COO	(2011

Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

compensated employees, and former such pers											
Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ited any currer	t officer, director	r, or trustee.	
					C)						
(A)	(B)	(da a	a4 a6		ition	- <b>*</b> b		(D)	(E)	(F)	
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation from	compensation from related	amount of	
	week (describe	er a	) j	呈	8	ᆲ	Former	the	organizations	other compensation	
	hours for	dire	ŝ	Officer	g	ploy	THE SECTION	organization	(W-2/1099-MISC)	from the	
	related organizations	Individual trustee or director	ŝ		Key emptoyee	8 6		(W-2/1099-MISC)		organization and related	
	ın Schedule	:rust	3		yee	l mp				organizations	
	O)	88	Institutional trustee			Highest compensated employee					
				-							
(1) Jon Tehven	1										
Board President	1.5	✓	_	<b>✓</b>			_	-0-	-0-	-0-	
(2) Connie Schrupp	-				•						
Board Vice President	.5	<b>✓</b>		1	L		<u> </u>	-0-	-0-	-0-	
(3) Emily Wilson				١.							
Board Secretary	.5	✓		✓	<u> </u>		ļ	-0-	-0-	-0-	
(4) Anne Mardorf	-	_		١.							
Board Treasurer	1.8	✓		✓				-0-	-0-	-0-	
(5) Dr. Daniel Kaplunas											
Board Member/Music Director/Conductor	10	✓	<u> </u>	✓	<u> </u>	ļ	L_	-0-	-0-	-0-	
(6) Sally Malcolm (8/1 - 5/31)		_									
Board Member/Operations Manager	5.5	<b>\</b>					<u> </u>	795	-0-	-0-	
(7) Jo Bagelmann	_	_					ŀ	İ			
Board Member	.5	✓						-0-	-0-	-0-	
(8) Rev. Robert Holdorf		_						}			
Board Member	.5	<b>✓</b>	ļ			<u> </u>		-0-	-0-	-0-	
(9) Chuck Infelt	1						ŀ	1			
Board Member	.5	✓	<u> </u>			ļ	<u> </u>	-0-	-0-	-0-	
(10) Jennifer Jones-Ruiz						1					
Board Member	.5	✓					L_	-0-	-0-	-0-	
(11) Elaine Main											
Board Member	3	✓				<u> </u>	<u> </u>	-0-	-0-	-0-	
(12) Craig Moerer											
Board Member	.5	1	<u> </u>	<u></u>		ļ		-0-	-0-	-0-	
(13) Dr. Brian Pfaltzgraff	ļ						İ				
Board Member	.5	✓						-0-	-0-	-0-	
(14) Margaret Phelps	_						1				
Board Member	.5	✓	l					-0-	-0-	-0-	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(C)														
	(A) (B) Position (do not check more than						s than a		(D)	(E)			(F)	
	Name and title Average box, unl								Reportable	Reportable		Est	mated	
	hours per officer and a director/tr								compensation	compensation from	n		ount of	
		week (describe	유교	Ϊ	Q	Көу	육포	75	from the	related organizations			ther ensatio	'n
		hours for	dive	충	Officer	y ei	함	Former	organization	(W-2/1099-MISC)	)		m the	••
		related	CT E	ğ	7	ηpl	96 c	=	(W-2/1099-MISC)				nization	
		organizations in Schedule	٦	altr		employee	ğ						related uzation:	
		O)	Individual trustee or director	Institutional trustee		9	Highest compensated employee		1					
				#			et ec							
(15) Ioa	nn Schwartz								+		+			
Board I		.5	1						-0-	-0				-0-
			_		_				1 -0-		+			
	William Wagner	_	,							-0				^
Board I		.5	<b>/</b>					-	-0-		_			-0-
32	ve Main (8/1 - 5/31)		,							]				_
Board I	Member	.6	<b>✓</b>					_	-0-	-0	<del>-</del>			-0-
(18)		ļ						İ						
							<u> </u>	ļ	·		┷			
(19)														
								_	<u> </u>		$\bot$			
(20)														
								_			4			
(21)											1			
(22)											ĺ			
(23)														
		1												
(24)											1			
_32		1						1	-	_		_	-	
(25)								╁╌			$\top$			
35.57									1					
1b	Sub-total	1	<u> </u>		I	۰		▶	795	-(	)-			-0-
	Total from continuation sheets to Part	VII Sectio	nΔ	•	-			•	-0-	-0	<u>-</u>			-0-
	Total (add lines 1b and 1c)			•	•		•	-	795	-0	-			-0-
	Total number of individuals (including but							2) 10	J	1		£		
	reportable compensation from the organi			1056	1151	eu	above	<del>3</del> ) W	ino received in	ore man \$100,0	0000	•		
	reportable compensation from the organi	Zauon P -	<del></del>				-						Yes	No
3	Did the organization list any former of	ficar direc	tor c	e tr	uet	20	kov e	mr	nlovee or high	eet compens	tod		165	140
	Did the organization list any former of employee on line 1a? If "Yes," complete s									iest compensa	ieu	~		-,
	• •											3	$\vdash \vdash$	✓,
	For any individual listed on line 1a, is the													١ '
	organization and related organizations	-	an \$	150,	UUL	17 11	r -re	s, "	complete Scri	leaule J for si	JCN			
	individual			•			•	•				4		<b>✓</b>
	Did any person listed on line 1a receive of													٠ , ا
	for services rendered to the organization	rii Yes, C	ompi	ete	SCI	ieat	ile J i	or s	such person	<u> </u>	·	5		✓
	n B. Independent Contractors													
	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on fe	or th	ne c	alend	lar y	year ending wit	h or within the	orgar	nizatio	n's ta	ЭX
	year.							,						
	(A)							l	(B)		_	(C)	_	
	Name and business add	Iress							Description of s	ervices		mpens	ation	
None								L						
								Ĺ						
2	Total number of independent contractor	ors (includii	ng bi	ıt n	ot	lımit	ted to	o th	hose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the o	rgai	niza	tion	<b>&gt;</b>							
	_ ::			_	_			_						

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns 1a			·		
irar	b	Membership dues 1b	36605				
s, G	С	Fundraising events 1c	125				
Sift lar,	d	Related organizations 1d					
E, C	е	Government grants (contributions) 1e			l		
tior	f	All other contributions, gifts, grants,					}
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	5485				
d C	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		42215			
Jue			Business Code				
eve!	2a	Concert ticket sales	711130	2611	2611		
Program Service Revenue	b						
Σįς	C .					·	
Se	d						
Ta I	e						
2	f	All other program service revenue .	<b>•</b>	2044			
	<u>g</u> 3	Total. Add lines 2a–2f	de interest	2611	<u></u>		1
	3	and other similar amounts)		32			32
	4	Income from investment of tax-exempt bond	L	JE			32
	5						
	•	Royalties	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses .					1
	C	Gain or (loss)					
	d	Net gain or (loss)	▶				<del></del>
0		O a ser to a ser to a ser to a dustatura					
Ju.	8a	Gross income from fundraising events (not including \$					1
Revenue		`					
		of contributions reported on line 1c). See Part IV, line 18 a					
Other	_	Less: direct expenses b					
Ö		Net income or (loss) from fundraising ev	ents . ►		ļ		
		Gross income from gaming activities.	ents . P				
	"	See Part IV, line 19 a					
	ь	Less: direct expenses b	**				Ì
	С	Net income or (loss) from gaming activit	ies ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of invent	tory 🕨				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						<u> </u>
	d	All other revenue					<del>-</del>
	е 12	<b>Total.</b> Add lines 11a–11d <b>Total revenue.</b> See instructions		44858	2611	-	32
	1 .2	Town retenue, oce manuchona		44000	2011		32

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).	•

<u>-</u> -	Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1665	1665				
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 8	Other salanes and wages	2760	2760				
9	Other employee benefits						
10	Payroll taxes	282	282				
11	Fees for services (non-employees):						
а	Management						
b	Legal						
c	Accounting	204		204			
-	Lobbying	201			<del></del>		
d	, ,						
_e	Professional fundraising services. See Part IV, line 17				<del></del>		
f	Investment management fees		4000				
g	Other	19897	19897				
12	Advertising and promotion	1150	1150				
13	Office expenses	4696	4696				
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .			·····			
23	Insurance			······································			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)		İ				
а	Dues	325	325		_		
b	Receptions	558	558				
С	Miscellaneous	330	330				
ď				·			
e	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	31867	31663	204	<del></del>		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	31307	3.303	:			

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	<del></del>	1	
	2	Savings and temporary cash investments	8440	2	21602
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	<del>-</del>	10c	<del></del>
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Other assets. See Part IV, line 11	8440	16	21602
$\dashv$	17	Total assets. Add lines 1 through 15 (must equal line 34)	0440	17	21002
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Payables to current and former officers, directors, trustees, key			
Liabilities	_	employees, highest compensated employees, and disqualified persons.			
ğ		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	•
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			,
Š	27	Unrestricted net assets	8440	27	21602
Sala	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Ō	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>e</u>	33	Total net assets or fund balances	8440	_	21602
Z	34	Total liabilities and net assets/fund balances	8440		21602
			······		5 000 (0044)

	4	7
rage		4

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	Ø
	Takel revenue (revek ervel Port VIII. octume (A) line 10)	ایا	l		4858
1	Total revenue (must equal Part VIII, column (A), line 12)	2			1867
2	Total expenses (must equal Part IX, column (A), line 25)	3			2991
3	Revenue less expenses. Subtract line 2 from line 1	4			8440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			171
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
D	column (B))	6			1602
Part					
	Check if Schedule O contains a response to any question in this Part XII	• •	· · ·	· · ·	
	A I I I I I I I I I I I I I I I I I I I			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	alain	<del></del>	1 1 7 1	-
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	Jiain	***	,	
_					السر
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	<del>-</del>
b	Were the organization's financial statements audited by an independent accountant?			+ -	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	-	I		
	If the organization changed either its oversight process or selection process during the tax year, ex			1,	ız
	Schedule O.	<b>-</b> 1		, ,	, 1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar we	re .	`	
_	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	1 -	
-	the Single Audit Act and OMB Circular A-133?		. За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th		$\top$	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Fo	m <b>990</b>	(2011)
_		_			

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

2011
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

employer identification number

Wart	burg Community Sy	mphony Associa	ition, inc						42-11	96367		
Pai	rt Reason fo	or Public Chai	rity Status (All orga	nizations	s must c	omplete	this pai	rt.) See i	nstructio	ons.		
The o	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
1	A church, conv	vention of churcl	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2	A school desci	rıbed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3	☐ A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	170(b)(1)(	(A)(iii).				
4	☐ A medical rese	earch organization	on operated in conjunc	ction with	a hospit	al descri	bed in <b>se</b>	ction 170	D(b)(1)(A)	(iii). Ente	r the	
		e, city, and state			•							
5												
6			nment or government	al unit de	ecribed in	section	170(b)(1	)( <b>Δ</b> )(v)				
7			receives a substantia						nit or fron	n the ae	neral	nublic
•	_ •	•	(A)(vi). (Complete Par	•	no ouppe		. 90.0			90		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8			n section 170(b)(1)(A)		nplete Pa	ırt II.)						
9	☑ An organizatio	n that normally	receives: (1) more that	an 331/3%	6 of its su	ipport fro	om contri	butions,	members	ship fees	, and	gross
			d to its exempt functi									
	support from	gross investme	nt income and unrel	lated bus	siness tax	xable inc	come (les	s sectio	n 511 ta	x) from	busin	esses
	acquired by th	e organization a	fter June 30, 1975. Se	e <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	plete Par	t III.)				
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).			
			nd operated exclusive							or to ca	irry o	ut the
			olicly supported organ									
	509(a)(3). Che	ck the box that o	describes the type of	supportin	ng organiz	zation an	d comple	te lines 1	1e throug	gh 11h.		
	a ☐ Type I	<b>b</b> 🗆			III-Funct					Type I	II-Oth	er
۵			that the organization					v by one				
•			ers and other than one									
	or section 509	-				• •	J	-	-			` ` ` `
f			wntten determination	on from t	the IRS t	that it is	a Type	I. Type I	li, or Typ	e III su	pporti	na
_		heck this box .										. т́п
g	Since August	17, 2006, has the	he organization accep	oted anv	aift or co	ontributio	n from a	nv of the	)			
J	following person		,	•	•			•				
			ndirectly controls, eith	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
			ody of the supported								1	<b>†</b>
	, ,	-	on described in (i) abo	-						11g(i		
		•	a person described in							11g(ii	-	$\vdash$
h			on about the support					• • •		1.34	<u>"1</u>	
	Name of supported	(ii) EIN	(iii) Type of organization	T -	organization	(M) Did v	ou notify	660	ls the	(vii)	Amount	of.
(1)	organization	(11) 2.114	(described on lines 1–9	in col (i) lis	sted in your	the organ	nization in	organizat	tion in col		upport	Ų.
			above or IRC section	governing	document?		of your port?		zed in the S?			
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)												
(C)												
(D)					<del>                                     </del>							
(D)		-			1				<del> </del>			
(E)			!									
	•				T				1			

Page 2

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	er the tests is	stea pelow, p	lease comple	ele Parl III.)	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and		(0,000	(0, -0.0	(-,	(3)	
	membership fees received. (Do not include any "unusual grants.")						
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						
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	Public support. Subtract line 5 from line 4.						
	on B. Total Support	<u></u>			1		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4		<del> </del>		<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				1	ļ	
12	Gross receipts from related activities, etc	. (see instructi	ions)			12	= E01(a\/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			<del> </del>		· · · · · ·	
14	Public support percentage for 2011 (line			11. column (f))		14	%
15	Public support percentage from 2010 Sci					15	%
16a	331/3% support test-2011. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33°	3% or more, c	heck this
	box and stop here. The organization qua						
b	331/3% support test—2010. If the organ check this box and stop here. The organ					ອ 15 is 33¹/3% 	or more,
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						Explain in upported .
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check t	his box and st	op here.
18	supported organization						. 🕨 🔲
	instructions	<u> </u>		<u> </u>	<u> </u>	<u> </u>	. <b>&gt;</b> 🗀

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

Secti	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	63918	52169	50457	25621	42090	234255	
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		4036	4348	2095	2736	13215	
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	63918	56205	54805	27716	44826	247470	
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	<b>Public support</b> (Subtract line 7c from line 6.)			,			247470	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	63918	56205	- 54805	27716	44826	247470	
10a	Gross income from interest, dividends,	i	•					
	payments received on securities loans, rents,							
	royalties and income from similar sources .	83	72	84	51	32	322	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	83	72	84	51	32	322	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		597				597	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	64004	56074	54000	27767	44050	249290	
14	First five years. If the Form 990 is for the	64001 ne organization	's first, second	54889 d, third, fourth	27767 or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he			· · · · ·	· · · · ·		· · <b>&gt;</b> 🗀	
Secti	on C. Computation of Public Suppor	t Percentage	•					
15	Public support percentage for 2011 (line 8		-			15	99.63 %	
16	Public support percentage from 2010 Sci			<u> </u>	<u> </u>	16	99.50 %	
	on D. Computation of Investment In		·	····		· -= 1		
17	Investment income percentage for 2011 (					17	0.13 %	
18	Investment income percentage from 2010					18 221=0	0.28 %	
19a	331/2% support tests—2011. If the organ 17 is not more than 331/2%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	publicly suppo	orted organizati	on . 🕨 📝	
b	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this							
	Drivete foundation If the ergonization di	-	_	•		• •	_	

cneaule A (I	Form 990 or 990-EZ) 2011	Page 😘
Part IV	<b>Supplemental Information.</b> 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).	
		. <b></b>
•		
************		

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization Wartburg Community Symphony Association, Inc. 42-1196367 Form 990, Part VI, 11b: Wartburg Community Symphony Association, Inc. sends an electronic copy of this Form 990 including required schedules to all members of its Board of Directors. The Form 990 and required schedules are reviewed at the next board meeting. Form 990, Part VI, 19: Wartburg Community Symphony Association, Inc. does not at the present time publish their governing documents and financial statements for the general public. Upon request, these documents are made available. The organization does not currently have a conflict of interest policy. Form 990, Part XI, 5: Other change in net assets was a correction to prior years payroll tax.