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# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

\_\_\_\_

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	te 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30		2014
$\Box$	Check Addres	s change		lentification number
	Name o		30-02	
	Initial r	sturn   Luna Line.	Telephone r	number
	Termin	524 1/2 E Capitol Ave - Box 5191 Springfield, IL 62701	217-5	22-2838
	Amend	ed return Springriera, it 62/01	Group Ex	emption
	Applica	tion pending	Number	<u> </u>
G	Acco			organization is <b>not</b>
		17.12		Schedule B (Form
J	Tax-ex	empt status (check only one) — X 501(c)(3)	EZ, or 99	0-PF)
ĸ	Form	of organization X Corporation Trust Association Other		
L	Add I asset	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ▶\$	17,189.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	T - T	X
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,809.
		Gross amount from sale of assets other than inventory 5a 9, 380		
	b	Less cost or other basis and sales expenses 5b 7,088		
	_	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  See Schedule O	5 c	2,292.
_	6	Gaming and fundraising events	1	
E		Gross income from gaming (attach Schedule G if greater than \$15,000)  6a		
Ě	b	Gross income from fundraising events (not including \$ of contributions		
2018jczm <m< td=""><td></td><td>from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td></td><td></td></m<>		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	1	Less direct expenses from gaming and fundraising events  6c	1	
<i>¥</i>		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d	
	l	Gross sales of inventory, less returns and allowances 7 a	_	
MAK	1	Less cost of goods sold 7 b	_	
	с	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	· · · · · · · · · · · · · · · · · · ·
	8	Other revenue (describe in Schedule O)	8	
Ž	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	10,101.
Z	10	Grants and similar amounts paid (list in Schedule O)  See Schedule O	10	26,394.
STATE OF THE PROPERTY OF THE P	11	Benefits paid to or for members	11	
Ĕŗ	12	Salaries, other compensation, and employee benefits	12	
P	13	Professional fees and other payments to independent contractors	13	
Ñ S	14	Occupancy, rent, utilities, and maintenance	14	
ENSES	15	Printing, publications, postage, and shipping	15	
-	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	<b>&gt;</b> 17	26,394.
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,293.
A S S E E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	r 19	409,233.
\	20	Other changes in net assets or fund balances (explain in Schedule O)  See Schedule O	20	56,342.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	-21	449,282.
BA.	A Fo	Paperwork Reduction Act Notice, see the separate instructions.	ر	Form <b>990-EZ</b> (2013)
		<b>,</b>	1′	
		FEB 1 7 2019	5	
			, 1	
		<u> </u>		/

Page 2

	Check if the organization used Sched	dule O to respond to any que	estion in this Part II			X
				(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments		ľ	409,233	. 22	454,282.
23`	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets	•	ľ	409,233	. 25	454,282.
26	Total liabilities (describe in Schedule O)	See Schedule	e .0	0		5,000.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lir	ne 21)	409,233		449,282.
Par				103/233	.,	Expenses
	Check if the organization used Sch	iedule O to respond to any q		ı X	(Req	uired for section 501
What i	s the organization's primary exempt purpose? See	Schedule O	· · · · · · · · · · · · · · · · · · ·			) and 501(c)(4)
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of it	s three largest progra	am services, as		nizations and section (a)(1) trusts, optional
meas	sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the servic ach program title	es provided, the num	iber of persons	for o	thers )
28	Contributed to Illinois S		Inc. in orde	er to	<del> </del>	<u></u>
	further its exempt purpos			=1_60		
	Intrier Its exempt burbos	<u></u>				
	(Grants \$ 26.394.) If thi	s amount includes foreign gr	ants check here		28 a	26,394.
29	20,394.711	a amount metades foreign gr	arts, creek fiere		20 8	20,394.
					1	
				~	•	
	(Grants \$ ) If thi	s amount includes foreign gr	ants check here		29 a	
30	(Grants y ) if this	s amount includes loreign gr	ants, theth here		25 a	
30					ł	
					ł	
	(Grants § ) If thi				20.	
21	7	s amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sche	· · · •		. —		
20		s amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add line				32	26,394.
Par	t IV List of Officers, Directors, Tr	· • • •	•	even if not compensated -	– see th	ne instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any q	uestion in this Part IV	<u>/</u>		
	(a) Name and Title	(b) Average hours per	(c) Reportable compensat	on (d) Health benefit contributions to emp	ts, Iovee	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and de compensation		other compensation
Do-	nis Steele		<del> </del>	compensation		
		0 5		,	^	
	sident	0.5	1	0.	0.	0.
	ole Ringer	0 5			^	
	retary	0.5	<u> </u>	0.	0.	0.
	Y Lowery	٥			^	_
	asurer	0.5	1	0.	0.	0.
	Jane Schachtsiek	0 5			^	_
	rd Member	0.5	1	D.	0.	0.
	liam Simpson	0 5			_	
	rd Member	0.5	(	0.	0.	0.
	an Smart	0 5		.	_	
Ros	rd Member	0.5		<sup>D</sup> .	0.	0.
	ma_Beatty			.	•	
<u>Eme</u>	ritus	0.5		0.	0.	0.
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			i			
BAA		TEEA0812L	11/27/13	<del></del>		Form <b>990-EZ</b> (2013)

	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ште	U	X				
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No				
•	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X				
34								
25	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X				
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)?	35 a		l v				
	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	35 b		<u> </u>				
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 0		<del> </del>				
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х				
36	6 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							
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.	36		X				
	b Did the organization file Form 1120-POL for this year?	37 Ь		Х				
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a						
	b If 'Yes,' complete Schedule L, Part II and enter the total	30 a	<u> </u>	X				
	amount involved 38 b N/A		•	٠				
39	Section 501(c)(7) organizations Enter		1					
	a Initiation fees and capital contributions included on line 9 N/A							
	b Gross receipts, included on line 9, for public use of club facilities 39 b N/A							
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under							
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.							
1	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	40 b		X				
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	10.5	$\vdash$					
	managers or disqualified persons during the year under sections 4912, 4955, and 4958   0.							
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization							
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			۱				
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X				
41	List the states with which a copy of this return is filed  IL							
	a The organization's books are in care of ► Trevor Orthmann  Located at ► 542 1/2 E Capitol Ave Springfield IL  ZIP + 4 ► 62701  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	<u>22-2</u>	838_ Yes					
	books are in care of ► Trevor Orthmann Telephone no ► 217-5	22-2 42 b		No X				
	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield IL  Description of Springfield IL  Descri							
I	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield IL  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)?							
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield IL  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)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  143	42 b		X				
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield IL  BAt any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	X  N/A  N/A  No				
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b 42 c	Yes	X  N/A  N/A  No  X				
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II.  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)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	X  N/A  N/A  No  X				
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Bold the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Dold the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Dold the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c	Yes	X  N/A  N/A  No  X				
43	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II  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)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c 44 d	Yes	X  N/A  N/A  N/A  X  X  X				
43 44:	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II.  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)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	X  N/A  N/A  No  X				
43 44:	books are in care of Trevor Orthmann  Located at 542 1/2 E Capitol Ave Springfield II  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)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c 44 d	Yes	X  N/A  N/A  N/A  X  X  X				

Form 990-E	2 (2013) Illinois Symphony (	rchestra Endow	ment	30-021	.6505	P	age 4
						Yes	No
	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete		in activities on behalf of	or in opposition to	46		U
Part VI			<del></del>	<del></del>	46	i	<u> </u>
[Fait VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b ar	nd 52, and complet	e the tabl	es	
	Check if the organization used Schedule	e O to respond to any o	uestion in this Part VI				
-						Yes	No
comp	ne organization engage in lobbying activiti ilete Schedule C, Part II				es,' 47		х
	e organization a school as described in se		•	ule E	48		X
	ne organization make any transfers to an	•	related organization?	•	49 a		X
	s,' was the related organization a section	=			49 b		
	plete this table for the organization's five to oyees) who each received more than \$10						
<del> </del>	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
None							
4 Total	number of other employees paid over \$1	00.000					
	plete this table for the organization's five l	· · · · · · · · · · · · · · · · · · ·	adependent contractors	who each received more	than \$100	000 0	f
	pensation from the organization of there is		idependent contractors	who cach received more	z triari φ100,	0000	•
	(a) Name and business address of each independent of	contractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	n
None	•						
<del></del>							
	···			;			
			<u> </u>				
<b>d</b> Total	number of other independent contractors	each receiving over \$	100,000	•			
	ne organization complete Schedule A? <b>No</b> table trusts must attach a completed Sche		) organizations and 494	7(a)(1) nonexempt	► X Yes	. [	
Under penalties	of perjury. I declare that I have examined this leturn, included complete. Declaration of preparer (other than office	uding accompanying schedules a	and statements, and to the best of	my knowledge and belief, it is			
Tide, correct, a	Ween & Inh	ery is based on an information	or which preparer has any know	2/9/2015			
Sian	Signature of officer			Date			—
Sign Here	Dennis E. Steele Type or print name and title	President					
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Dl	John J. Belletete	MA The	1/29/1	Check L if   L5   self employed   F	0095074	9	
Paid Preparer	Firm's name > Striegel Knoble	och & Company,	LLC, CPA's	1	000011		
Use Only	Firm's address > 115 W Jefferson	Suite 200	<del></del>	Fırm's EIN ►	37-1122	831	
	Bloomington, IL			Phone no (30	9) 829-	4303	,
May the IR	S discuss this return with the preparer sh	own above? See instru	ctions	_	► X Yes		No
			•		Form 99	0-EZ (	(2013)

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

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Name of the organization Illinois Symphony Orchestra Endowment

Fund Inc

Employer identification number

		Fund I					30-0216505			
art				All organizations mi			ee instruction	is.		
he o	rga			it is (For lines 1 through	, ,	, ,				
1	$\perp$	·		iation of churches desci		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			rganization operated	in conjunction with a ho	spital described	in section 170(	<b>b)(1)(A)(</b> ii <b>i)</b> Ente	er the hospit	al'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 lo	cal government or go	vernmental unit describ	ed in section 17	0(b)(1)(A)(v).				
7		An organization that r in section 170(b)(1)(A		ubstantial part of its sup II)	port from a gove	ernmental unit o	or from the gene	ral public de	scrib	ed
8	L	A community trust de	scribed 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	Г	An organization orgar	nized and operated ex	clusively to test for pub	lic safety See s	section 509(a)(4)	).			
11	X	more publicly support	ed organizations desc	cclusively for the benefit cribed in section 509(a) on and complete lines 1	(1) or section 50					
		a X Type I b	Type II c	Type III - Function	ally integrated	d ∏ ⊓	Type III – Non-fu	unctionally in	ntegra	ited
е	X	By checking this box, other than foundation section 509(a)(2)	I certify that the orga managers and other	inization is not controlle than one or more publi	d directly or indi cly supported or	rectly by one or ganizations des	more disqualific cribed in section	ed persons n 509(a)(1) c	r	
f		If the organization red check this box	ceived a written deteri	mination from the IRS th	hat is a Type I,	Type II or Type	III supporting or	ganization,		
g		Since August 17, 200	6, has the organization	n accepted any gift or	contribution from	n any of the foll	owing persons?	_		
									Yes	No
		(i) A person who d below, the gove	lirectly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether with per	sons described	in (ii) and (iii)	11 g (i)		Х
		(ii) A family member	er of a person describ	ed ın (ı) above?				11 g (iı)		X
		(iii) A 35% controlle	d entity of a person d	escribed in (i) or (ii) abo	ove <sup>9</sup>			11 g (iii)		X
h		Provide the following	information about the	supported organization	n(s)			<u> </u>	<u>+</u>	
	Provide the following information about the supported organization(s)  (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 organization in above or IRC section column (i) listed in column (i) of your column (i)								of mone ort	etary

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))			(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Illinois Sympho	ny Orchestra,	Inc.							
(A)	37-1312674	501 (c) (3)	X		X		X		26,394.
(B)		<del>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</del>							
(C)				ļ					- <del></del>
(D)									
(E)					ļ				···
Total									26,394

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

Schedule A (Form 990 or 990-EZ) 2013

Sche	dule A (Form 990 or 990-EZ) 2013	Illinois	Symphony (	rchestra E	ndowment	30-0216505	Page 2
Par	t II Support Schedule for (Complete only if you checke organization fails to qualify u	Organization d the box on line	s Described ir	Sections 170	)(b)(1)(A)(iv) a ation failed to qua		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and 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	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nnıng in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4						
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						

12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here	
Castlan C. Cananitatian of Dublic Commant Danamana	

, – (	ection 6. Computation of Fublic Support Fercentage								
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%					
15	Public support percentage from 2012 Schedule A, Part II, line 14			%					
16 a	33-1/3% support test - 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or mo	re. ch	eck this box						

- and stop here. The organization qualifies as a publicly supported organization
  - b 33-1/3% support test 2012. If the organization did not check a 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 2013. 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 2012. 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
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013 Illinois Symphony Orchestra Endowment

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails
to qualify under the tests listed below, please complete Part II.)	_

Section A. Public Support		<del>- · · · · ·</del>				
Calendar year (or fiscal yr beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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						
<ul> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to the</li> </ul>						
organization without charge						
6 Total. Add lines 1 through 5	<del></del>					
7 a 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 yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9 Amounts from line 6  10 a 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 Ins 9 10c, 11 and 12)						
14 First five years. If the Form 990 is organization, check this box and			, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Section C. Computation of Pu						
15 Public support percentage for 201	•	• •	e 13, column (f))		15	%
16 Public support percentage from 2	· · · · · · · · · · · · · · · · · · ·				16	%
Section D. Computation of Inv						
17 Investment income percentage for		* *	-	nn (f))	17	%
18 Investment income percentage from					18	%
19 a 33-1/3% support tests — 2013. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly support	ted organization	▶ []
<ul><li>b 33-1/3% support tests — 2012. If the line 18 is not more than 33-1/3%,</li><li>20 Private foundation. If the organization is the properties of the</li></ul>	check this box ai	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation
BAA	did not criet	TEEA0403L			hedule A (Form 99	20 000 57, 2013

	4 (Form 990 (			<u>llinois</u>	Symphon	y Orches	stra End	owment	<u>30-0216.</u>	505	Page 4
Part IV	Supplem or 17b; a (See inst	ental In nd Part ructions	formation	Provide 2. Also co	e the expl emplete th	anations r is part for	equired b any addi	y Part II, li lional infor	ne 10; Part II mation.	, line 17a	
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#### SCHEDULE 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.

Attach to Form 990 or 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Illinois Symphony Orchestra Endowment Fund Inc. 30-0216505 Form 990-EZ, Part III - Organization's Primary Exempt Purpose To provide support to Illinois Symphony Orchestra, Inc. in order to further its exempt purpose Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No 2013

## **Schedule O - Supplemental Information**

Page 2

Illinois Symphony Orchestra Endowment Fund Inc.

30-0216505

Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:

9,380. 7,088.

Cost or Other Basis:

Total Gain (Loss) Publicly Traded Securities \$

Total Net Gain (Loss) From Noninventory Sales \$

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity: Donee's Name: Donee's Address:

General

Illinois Symphony Orchestra, Inc. 542 1/2 E Capital Ave. Springfield, IL 62701

Cash Amount Given:

\$ 26,394.

Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments

Form 990-EZ, Part II, Line 26 **Total Liabilities** 

Accounts Payable and Accrued Expenses

Beginning Ending 5,000.