Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AI	For th	e 2018 calendar year, or tax year beginning AUG 1, 2018 and endi	ing JI	JL 31, 201	9			
В	Check if applicab	C Name of organization COLUMBUS PRO MUSICA , INC.		D Employer ident	ification number			
	Addre	SS DD3 GOLIMBIIG TAIDTANA DILTI IIADMONTO						
	Name	A CONTRACTOR OF THE PROPERTY O		35-	1178268			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roon	m/suite					
	Final return termin	315 FRANKLIN STREET	812	-376-2638				
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,557,745.				
F	return	COLOMBOS, IN 4/201-0/31		H(a) Is this a group				
1	tion pendi	F Name and address of principal officer: DARKI TORIVER	- 1	for subordinates? Yes X No				
	•	315 FRANKLIN STREET, COLUMBUS, IN 47201		H(b) Are all subordinates				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or te: ► WWW.THECIP.ORG	527		a list. (see instructions)			
				H(c) Group exempt				
-	art I	organization: X Corporation Trust Association Other ► Summary	L Year of	formation: 19/1	M State of legal domicile; IN			
	1	Briefly describe the organization's mission or most significant activities: TO PROV	/IDE	THE COMMUN	ITY WITH			
Activities & Governance		MUSIC, CONCERTS, AND MUSIC EDUCATION.						
Ē	2	Check this box if the organization discontinued its operations or disposed or	f more t	han 25% of its net a	ssets.			
ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	24			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	***********	4	24			
es &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			105			
Ϋ́	6	Total number of volunteers (estimate if necessary)		Е				
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	21,925.			
_	b	Net unrelated business taxable income from Form 990-T, line 38		7	-8,079.			
				Prior Year	Current Year			
Φ		Contributions and grants (Part VIII, line 1h)		2,129,134				
Revenue	9	Program service revenue (Part VIII, line 2g)		341,621	. 287,212.			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,750				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,562				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20	2,546,067	1,515,889.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
		Benefits paid to or for members (Part IX, column (A), line 4)		0				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		336,628				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 88,587.	1-7	REPORTATION OF THE PARTY OF THE				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		502,772				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		839,400				
_		Revenue less expenses. Subtract line 18 from line 12		1,706,667				
S OF			Begi	nning of Current Year				
Assets d Balano	20	Total assets (Part X, line 16)		2,530,296				
A P		Total liabilities (Part X, line 26)		164,352				
Net		Net assets or fund balances. Subtract line 21 from line 20	2	2,365,944	2,998,612.			
-	ırt II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			ny knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer ha	as any knowledge.				
٥.		Signature of officer		Date				
Sigr		of a State Control of the Control of		Date				
Here	B	BARRY TURNER, PRESIDENT Type or print name and title						
	_	Print/Type preparer's name Preparer's signature	Da	te Check	PTIN			
Paid								
Prep	- 1	BRAD M. FELDMAN, CPA BRAD M. FELDMAN, C Firm's name AGRESTA, STORMS & O'LEARY, PC	2/13/19 self-empl	56-2353893				
Use	- 3	Firm's address 5140 COMMERCE CIRCLE		Firm's EIN ▶	30-4333033			
-50	,	INDIANAPOLIS, IN 46237		Phone no. (317) 780-9850			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		Filotie IIO. ([**] **]			
way	GIO II	- alexand the retain that the preparer shown above; (see instructions)	***************************************		X Yes No			

COLUMBUS PRO MUSICA , INC.

	n 990 (2018) DBA COLUMBUS INDIANA PHILHARMONIC	35-1178268 Page 2
Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE THE COMMUNITY WITH MUSIC, CONCERTS, AND MUSIC	EDUCATION.
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, and
4a	(Code:) (Expenses \$ 723,538. including grants of \$	268,993.)
4b	(Code:) (Expenses \$	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue:)	ue\$)
4d	Other program services (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 723,538.	

COLUMBUS PRO MUSICA , INC.

DBA COLUMBUS INDIANA PHILHARMONIC 35-1178268 Form 990 (2018) Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X 3 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 X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 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 Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI 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 Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? |f "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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COLUMBUS PRO MUSICA , INC.
DBA COLUMBUS INDIANA PHILHARMONIC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			1.66
	complete Schedule L, Part II	26		X
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			1,000
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		3,5	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? f "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note, All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		49	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	

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COLUMBUS PRO MUSICA , INC. Form 990 (2018) DBA COLUMBUS INDIANA PHILHARMONIC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

10/15	(continued)	_	_	_				
_	5		Yes	No				
2a	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 105			11.2				
		Ol.	х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х					
		3b	X	-				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30						
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		x				
la.	700 S0000000000000000000000000000000000	48		22				
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			- 45-				
Ea	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	_	X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	_					
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua						
В	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	- OD						
a	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	х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
Ū	to file Form 8282?	7c		x				
а	If "Yes," indicate the number of Forms 8282 filed during the year 7d		DOM:					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
q	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:		1, 4					
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							
11	Section 501(c)(12) organizations. Enter:		3	14.4				
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1		, die				
	amounts due or received from them.)		3/4					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	T-In						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		900					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	0.00						
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		25-7	-				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			32				
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.			**				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes." complete Form 4720. Schedule O.	=67						

Form 990 (2018) DBA COLUMBUS INDIANA PHILHARMONIC 35-11/8268 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	check it Schedule O contains a response or note to any line in this Part VI			X			
Sec	A. Governing Body and Management		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
10	Enter the number of voting members of the governing body at the end of the tax year 24		Yes	No			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			SV.			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	130					
b	Establish to the second			17.0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		8 5				
_	officer, director, trustee, or key employee?	2	х	00.1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		A .				
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6 Did the organization have members or stockholders?							
7a		6		X			
	more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.5					
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	A CONTRACTOR OF THE CONTRACTOR		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	113					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent		23.5				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		D11 V				
a	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11012		77			
L	taxable entity during the year?	16a		X			
D	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?						
Sec	tion C. Disclosure	16b		_			
	List the states with which a copy of this Form 990 is required to be filed ►IN						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	I: A	! ! *	l.			
	for public inspection. Indicate how you made these available. Check all that apply.	опіу) а	ivailab	ie			
19	Own website Another's website Would Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	dnes-	al				
	statements available to the public during the tax year.	manci	aı				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	RON LUTHER - 812-376-2638			_			
	315 FRANKLIN STREET, COLUMBUS, IN 47201						
			202				

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

Check if Schedule O contains a response or note to any line in this Part VII

Form 990 (2018)

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.

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHARON SUNG ANDREWS	2.00									
IMMEDATE PAST PRESIDENT	1 00	Х	L	X	_			0.	0.	0.
(2) MELISSA FAIRBANKS	1.00									
DIRECTOR (3) THERESE COPELAND	1 00	Х	L	_	_		Ш	0.	0.	0.
SECRETARY	1.00	١,,		3,7						
(4) TRACY HADDAD	1.00	Х	L	X	_		_	0.	0.	0.
DIRECTOR	1.00	x						0.	0	0
(5) DALE GUSE	1.00	_		_	_		-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0
(6) JOHN SASSE	1.00	^	_	-	-	=	-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) WILLIAM GARBER	1.00	<u> </u>		-	-	-	-	0.	0.	0.
DIRECTOR		x						0.	0.	0.
(8) ROGER BRINKMAN	1.00	=					_			- 0.
DIRECTOR		x						0.	0.	0.
(9) JAMES GREEN	1.00						П			
DIRECTOR		x						0.	0.	0.
(10) MATTHEW T HOTEK	1.00									
DIRECTOR		x						0.	0.	0.
(11) MICHAEL ENGELSTAD	1.00									
DIRECTOR		Х						0	0.	0.
(12) ELLA ELWOOD	1.00									
DIRECTOR		X						0	0.	0.
(13) JOE SMITH	2.00									
TREASURER		X		Х				0 •	0.	0 •
(14) PAMELA LEGO	1.00							-		
DIRECTOR		Х					Ш	0 🐝	0.	0
(15) MARK PILLAR	1.00							_		
VICE-PRESIDENT	1 00	X		X				0.	0.	0.
(16) JOHN MCGINTY, JR	1.00								_	_
DIRECTOR	1 00	Х		_			-	0.	0.	0.
(17) WARREN WARD	1.00	_,						_		•
DIRECTOR		X						0	0 .	0.

Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employee	s (continued)			
(A)	(B) (C)							(D)	(E)	(F)		
Name and title	Average Position (do not check more than on					one	Reportable	Reportable	1	Estimat	ted	
	nours per week	nours per box, unless person is					h an	compensation	compensation		amount	
	(list any	-	T		T	T	T T	from	from related	1	othe	
	hours for	director				_	l	the organization	organizations (W-2/1099-MISC)	0	ompens from tl	
	related	10 a	stee			sater	ı	(W-2/1099-MISC)	(***-2/1099-141130)	Ι,	organiza	
	organizations		al trus		yee	шрег	l	(11 27 1000 111100)			and rela	
	below	Individual	Institutional t	b 5	Key employee	est co	ē				rganizat	
·	line)	Indiv	Instii	Officer	Key e	Highest compensated employee	Former					
(18) JERRY PENNINGTON	1.00				i							
DIRECTOR		X	L					0.	0			0.
(19) CHRIS RASKOB	1.00											
DIRECTOR		X						0.	0.			0.
(20) JOE WORTHINGTON	1.00				ĺ							
DIRECTOR	**	Х	L					0.	0	.		0.
(21) PATRICK ANDREWS	1.00	П			i							
DIRECTOR		X						0.	0,	.		0.∗
(22) BARRY TURNER	2.00											
PRESIDENT		X		Х				0.	0,	.		0.
(23) GIL PALMER	1.00											
DIRECTOR		X						0.	0,	.1		0.
(24) ERIC ROBBINS	1.00							[7]		1		
DIRECTOR		X						0.	0 ,			0.
			П									
v												
1b Sub-total						2000		0.	0 ,			0.
c Total from continuation sheets to Part VI	, Section A		2000			3550. 3550.		0.	0,			0.
	dd lines 1b and 1c) 0. 0.					0.						
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	olqn	yee,	or l	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for si	uch individual								*************************	3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		15-00	
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		4		X
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ich r	ers	on .				5	S I	X
Section B. Independent Contractors												
 Complete this table for your five highest cor 	mpensated ind	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of compens	ation	from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	g w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)							- 1	(B)			(C)	
Name and business	address	NC	ONE	<u> </u>			4	Description of s	ervices	Com	pensatio	on
							4					
							4					
							- 1					
					_		4					
					_		4					
2 Total number of independent contractors (in	cluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ere than			JA 5
\$100,000 of compensation from the organiz	-				C			,	(8)			

COLUMBUS PRO MUSICA , INC.

Form 990 (2018) Part VIII Statement of Revenue

DBA COLUMBUS INDIANA PHILHARMONIC

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f. All other contributions, gifts, grants, and similar amounts not included above 1f 1,137,261. 19,500. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ,137,261 Business Code 2 a TICKET SALES (ARTISTIC 711300 232,689. 232,689. Program Service TUITION AND CAMP 32,598. 611600 32,598. c PROGRAM BOOK ADVERTISI 21,925. 541800 21,925. f All other program service revenue 287,212. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 5,685. 5,685. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$... contributions reported on line 1c). See a 123,881. Part IV, line 18 ы 41,856. b Less: direct expenses 82,025. 82,025. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISC INCOME 900099 2,251. 2,251. **b** COMPACT DISC SALES 900099 1,455. 1,455. d All other revenue 3,706. e Total. Add lines 11a-11d 87,710. 515,889. 268,993. 21,925. Total revenue. See instructions

COLUMBUS PRO MUSICA , INC. Form 990 (2018) DBA COLUMBUS INDIANA PHILHARMONIC Part IX Statement of Functional Expenses

35-1178268 Page 10

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 🗼				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	006 500	006 500	44 050	40.005
7	Other salaries and wages	286,722.	226,589.	41,258.	18,875.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,154.	EC (42	E 200	2 014
10	Payroll taxes	05,154.	56,642.	5,298.	3,214.
11	Fees for services (non-employees):				
а					
b		10,383.	6,412.	2 200	1 771
C	V 13-13-13-13-13-13-13-13-13-13-13-13-13-1	10,363.	0,412.	2,200.	1,771.
d	Lobbying Professional fundraising services, See Part IV, line 17				
e f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	27,618.	27,618.		
13	Office expenses	24,757.	9,929.	6,751.	8,077.
14	Information technology	21,7371	3,323.	0,751.	0,017.
15	Royalties				
16	Occupancy	23,310.	16,858.	5,162.	1,290.
17	Travel	15,378.	15,378.	3,2321	1,2501
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	19,463.	15,960.	3,503.	
23	Insurance	12,053.	9,040.	3,013.	
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 ().)				
а	CONCERT & PRODUCTION	293,456.	293,456.		
b	BAD DEBT	37,449.			37,449.
c	CONTRACTED SERVICES	25,104.	25,104.		
d	MISCELLANEOUS EXPENSE	24,638.	10,464.	3,911.	10,263.
е	All other expenses	17,736.	10,088.		7,648.
25	Total functional expenses. Add lines 1 through 24e	883,221.	723,538.	71,096.	88,587.
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)				

COLUMBUS PRO MUSICA , INC. DBA COLUMBUS INDIANA PHILHARMONIC

Form 990 (2018)
Part X Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	S. ISSACH CONTROLLE OF SOUTHWARE OF THOSE TO MAY MILE IT WHIST WE'N	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	160,803.	1	289,055
2	Savings and temporary cash investments	427,587.	2	700,800
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,512,916.	4	1,458,098
5	Loans and other receivables from current and former officers, directors,		5	
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ıς	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
% 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	18,703.	9	20,797
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 590, 420.			
k	Less: accumulated depreciation 10b 220,936.	367,664.	10c	369,484
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	42,623.	12	47,017
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	385,648
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,530,296.	16	3,270,899
17	Accounts payable and accrued expenses	15,034.	17	46,282
18	Grants payable		18	
19	Deferred revenue	149,318.	19	226,005
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
္ 22	Loans and other payables to current and former officers, directors, trustees,		E IN	'SI
≝	key employees, highest compensated employees, and disqualified persons.		bas II	
Liabilities	Complete Part II of Schedule L		22	
⊐ 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	164,352.	26	272,287.
	Organizations that follow SFAS 117 (ASC 958), check here			
ន	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	552,458.	27	617,729.
28	Temporarily restricted net assets	1,813,486.	28	2,380,883.
29	Permanently restricted net assets		29	
₹	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds		32	0.011
00	Total net assets or fund balances	2,365,944.	33	2,998,612.
34	Total liabilities and net assets/fund balances	2,530,296.	34	3,270,899.

0010112	D ING HODICH , INC.		
990 (2018) DBA CO	LUMBUS INDIANA PHILHARMONIC	35-11	.78268 Page 12
t XI Reconciliation of Net Ass	ets		
Check if Schedule O contains a r	esponse or note to any line in this Part XI		🗖
Total revenue (must equal Part VIII, col	ımn (A), line 12)		1,515,889.
Total expenses (must equal Part IX, col		2	883,221.
Revenue less expenses, Subtract line 2	from line 1	3	632,668.
Net assets or fund balances at beginning	g of year (must equal Part X, line 33, column (A))	4	2,365,944.
Net unrealized gains (losses) on investr	nents	5	
Donated services and use of facilities		6	
Investment expenses		7	
Prior period adjustments		8	
Other changes in net assets or fund ba	ances (explain in Schedule O)	9	0.
Net assets or fund balances at end of y	ear. Combine lines 3 through 9 (must equal Part X, line 33,	153301540	

Reveni Net as Net un Donate Investr Prior p Other 9 Net as column (B)) 2,998,612. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form 990 (2018)