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Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

| AI | or the 2 | 2009 calenda | ar year, | or tax year beginning | June 1 | , 2009, | and ending | . N | lay 31 | | , 20 | 10 | | |
|------------------|---|---|---|---|--------------------------|------------------------------|--|-------------|-------------------------|------------------|--------------------|------------|--|--|
| B | Check if ap | plicable; | Please | C Name of organization | | | | D Empk | yer id | entifical | ion numbe | er | | |
| | | | | use IRS label or Dearborn Orchestral Society Endowment Fund Inc | | | | | 38-3049011 | | | | | |
| = | Name char | ~ | print or | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E To | | | | | | Telephone number | | | | |
| | Initial retun | | type. See | PO Box 2063 | PO Box 2063 | | | | | 313-565-2424 | | | | |
| 片 | Terminated | | Specific | City or town, state or cour | ntry, and ZIP + 4 | | <u> </u> | F 0 | | | | | | |
| = | Amended return Instruc- | | | | | | F Group Exemption | | | | | | | |
| 므 | | | | | | | | <u> </u> | Number ▶ | | | | | |
| | 107 7 1.14 1.17 1.17 | | | | | | | | Method: 🗹 Cash 🗌 Accrua | | | | | |
| | a completed Schedule A (Form 990 or 990-EZ). Other (speci | | | | | | | | | | sets at Ma | | | |
| | H Check ► [| | | | | | | k ▶ 🗹 i | f the c | organiza | ition is no | rt . | | |
| | I Website: ▶ none required to | | | | | | | | ach So | chedule | B (Form 9 | 990, | | |
| <u>J 1</u> | J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or | | | | | | | | | | | | | |
| K | Check Þ | · 🗌 if the | e organi | zation is not a section 50 | 09(a)(3) supporting orga | nızation and its gros | s receipts are | normally | not m | ore than | \$25,000. | . A | | |
| | Form 99 | | | turn is not required, but | - | | | | | | | | | |
| L / | Add lines | 5b, 6b, and 7 | b, to line | e 9 to determine gross rec | epts; if \$500,000 or mo | re, file Form 990 inste | ad of Form 990 | D-EZ ▶ | \$ | | 4 | 49,946 | | |
| P | art I | Revenu | e, Exp | enses, and Chang | jes in Net Assets | or Fund Balanc | es (See the | e instruc | ctions | s for P | art I.) | | | |
| | 1 | Contributio | ns. aifi | ts, grants, and similar | amounts received . | | | | 1 | | | 1,100 | | |
| | 2 | | | revenue including gov | | | | 1 | 2 | | | 0 | | |
| | 3 | - | | and assessments. | | | | 1 | 3 | | | 0 | | |
| | 4 | investment | • | | | | | | 4 | | | 9,567 | | |
| | 5a | | | m sale of assets othe | r than inventory | 5a | 1 | 39,279 | | | | 0,001 | | |
| | | | | | • | | | 44,309 | | | | | | |
| | b | | | er basis and sales exp | | | <u> </u> | | | | | E 020 | | |
| 0 | C | _ | - | n sale of assets other | • • | | • | | <u>5c</u> | | | -5,030 | | |
| Revenue | 6 | | | tivities (complete applicable | • | - | ning, check here | °► ⊔ ∣ | | | | | | |
| Š | а | | | ot including \$ | | | ı | _ | j | | | | | |
| æ | 1 | reported or | n line 1 |) | | | ļ | 0 | } | | | | | |
| | b | | | nses other than fun d r | | 6b | | 0 | | | | | | |
| | С | Net income | e or (lo: | ss) from special event | ts and activities (Sub | ttact line 6b from | line 6a) | | 6c | | | 0 | | |
| | 7a | Gross sale | s of inv | entory, less returns a | nd-allowances :: : | 7 <u>9</u> | | | j | | | | | |
| | b | Less: cost | of goo | ds sold g | 2 · 656 8 8 95 | 346 6 7b | | 0 | | | | | | |
| | С | Gross prof | it or (lo | ds sold g ss) from sales of inve | atory (Subtract fine | b fromuline 7a) . | | | 7c | | | 0 | | |
| | 8 | Other reve | nue (de | escribe ► | | E | |) | 8 | | | | | |
| ea- | 9 | Total reve | nue. A | dd lines 1, 2, 3, 4, 5¢, | 6c, (% (and \$= N) | UTl | | ▶ | 9 | | | 5,637 | | |
| SCANNED | 10 | Grants and similar amounts paid (attach-schedule) | | | | | 10 | | | 9,375 | | | | |
| <u>~</u> | 11 | Benefits paid to or for members | | | | | | [| 11 | | | 0 | | |
| 爱g | 12 | Salaries, of | Salaries, other compensation, and employee benefits | | | | | | | | | 0 | | |
| 看 ž | 13 | | | fees and other payments to independent contractors | | | | | | | | 0 | | |
| | 14 | | | rent, utilities, and maintenance | | | | | | | | | | |
| OM | 15 | | | cations, postage, and shipping | | | | | | | | 0 | | |
| CT | 16 | | Other expenses (describe Bank Fees, Broker Fees, Mich Corporation Fee | | | | | | 15 16 | | | 115 | | |
| ►=-1 | 17 | Total expenses. Add lines 10 through 16 | | | | | | | 17 | | | 9,490 | | |
| | 18 | | | | | | | | 18 | | | (3,853) | | |
| 2 sts | 19 | | | nd balances at beginn | • | | | 1 | . | | | (0,000) | | |
| § 2010 Assets | ' | | | e reported on prior year | | | , (maor agro | | 19 | | 3. | 10,603 | | |
| ○ ₹ | 20 | Other char | ance in | net assets or fund ba | dances (attach evala | nation) unreal | lized gain | | 20 | | <u>~</u> | 8,628 | | |
| Net | 21 | Not accete | or fun | d balances at end of y | root Combine lines | 19 through 20 | | | 21 | | | 15,378 | | |
| | art II | | | ets. If Total assets on | | | more file Fo | rm 990 | | d of F | | | | |
| | CIT C II | Dalario | | | | αις ψ1,200,000 01 | | ginning of | | |) End of year | | | |
| 0 | n ^- | , | | | | | | | 0,603 | | <u> </u> | 15,378 | | |
| 2: | | 3-, | | | | | | 311 | _ | | | | | |
| 2: | | Land and buildings | | | | | | | 23 | | | | | |
| 2 | | - | | | | | —' —— | 94 | | 24 | | 45 270 | | |
| 2 | | tal assets . | | | | | • • | 31 | 0,603 | | 3 | 15,378 | | |
| | 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | | | | | | | 26 | | 45 2-2 | | | |
| <u>-2</u> | , Ne | assets or | runa t | valances (line 27 of co | olumni (b) must agre | e with line 21) . | <u> </u> | 310 | 0,603 | 27 | 3 | 15,378 | | |



| otín s | 390-62 (2009) | | | | | Page ∠ | | |
|-------------|---|--|------------------------------------|-------------------------------------|---------|----------------------------|--|--|
| ar | III Statement of Program Service Accom | plishments (See the instru | uctions for Part III | 1.) | | Expenses | | |
| Vhat | (Required for section | | | | | | | |
|)esc | | | | | | | | |
| nanı | ner, describe the services provided, the number of | f persons benefited, and o | ther relevant infor | mation for | | | | |
| ach | program title. | | | | for otl | | | |
| 28 | Donation to Dearborn Orchestral Society for Young I | Musician Scholarships | · | | | · · · · | | |
| | | ······································ | | | | | | |
| | *************************************** | | | | | | | |
| | (Grants \$ 2,400) If this amount | includes foreign grants, che | ncludes foreign grants, check here | | | | | |
| 29 | Donation to Dearborn Symphony Orchestra for opera | ating avnances | | | 28a | 0 | | |
| 23 | Donation to Dearborn Cymphony Cremesua for Open | aung expenses | | | | | | |
| | | | | | | | | |
| | (O | | | | | • | | |
| | | includes foreign grants, che | | | 29a | 0 | | |
| 30 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | includes foreign grants, che | eck here | . ▶ ⊔ | 30a | | | |
| 31 | | | | | | | | |
| | | includes foreign grants, che | | | 31a | | | |
| | Total program service expenses (add lines 28a t | | | | 32 | 0 | | |
| Par | List of Officers, Directors, Trustees, and Key | Employees. List each one ev | en if not compensa | ted. (See the | instruc | tions for Part IV.) | | |
| | (a) Name and address | (b) Title and average | (c) Compensation | (d) Contributio | | (e) Expense account and | | |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit deferred compet | nsation | other allowances | | |
| Mary | Ann Parrent, President | | | | | | | |
| 14 B | ennington Lane, Dearborn Mi 48120 | 2 | 0 | | 0 | 0 | | |
| | dra Butler, Vice-President | | | | | | | |
| | ady Hollow, Dearborn MI 48124 | 2 | o | | 0 | 0 | | |
| | n Dolega, Secretary | | | | | | | |
| | 9 Audette, Dearborn MI 48124 | 3 | 0 | | 0 | 0 | | |
| | amin Bachrach | | | | | | | |
| | | 4 | | , | | | | |
| | 5 Cherry Hill, Dearborn MI 48124 | | | | 0 | 0 | | |
| | a Bachrach | 1 | | | | | | |
| | 5 Cherry Hill, Dearborn MI 48124 | | 0 | | 0 | 0 | | |
| | Butler | 1 | | _ | _ | | | |
| | ady Hollow, Dearborn MI 48124 | | | 0 | 0 | | | |
| Patr | ick Daoust | 1, | | | | | | |
| 630 | Brentwood, Dearborn MI 48124 | | 0 | | 0 | 0 | | |
| Patr | icia Daoust |], | | | | | | |
| 630 | Brentwood, Dearborn MI 48124 | | 0 | | 0 | 0 | | |
| Rob | ert Kulhman | | | | | | | |
| 410 | Fort Dearborn, Dearborn MI 48124 |] ' | 0 | · | 0 | 0 | | |
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| <u></u> | J-EZ (2009) | | | age 3 |
|----------|--|--------|---------------|----------|
| Part ' | Other Information (Note the statement requirements in the instructions for Part V.) | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | 1 65 | NO ✓ |
| | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | ✓ |
| | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | 54 | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | 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 period covered by this return? | 38a | | 1 |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | } ' | 1 | İ |
| 39 | Section 501(c)(7) organizations. Enter: | ł | | |
| a | Initiation fees and capital contributions included on line 9 | 1 | } | |
| ь 40а | Gross receipts, included on line 9, for public use of club facilities | 1 | | ŀ |
| 700 | section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | Ì |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| J | transaction during the year or is it 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 | 40b | | ✓ |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed. ▶ Michigan | | | |
| 42a | | 313-56 | 3-155 | 8 |
| | Located at ▶ 21835 Cherry Hill St. Dearborn Mi ZIP + 4 ▶ | 48124 | L-1149 | <u></u> |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | V | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Tes | No |
| | If "Yes," enter the name of the foreign country: ▶ | 428 | | - |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | ✓ |
| 43 | 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 | | • | ▶ □ |
| | | | Vec | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | 168 | 140 |
| | Form 990-EZ | 44 | | 1 |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | | |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | ✓ |
| | | 00 | | |

| Part \ | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar | section 4947(a)(1) none 17(a)(1) nonexempt chari ad 51. | xempt charitab table trusts mus | le trusts only. A t answer questio | ll sec ns 46 | tion -49l | Э | | |
|----------------|---|---|---|---|-----------------|---------------------|------------|--|--|
| 46 | 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 | | | | | | | | |
| 47 | | | | | | | | | |
| 47 48 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | | | |
| 40 49a | Did the organization as consol as described in section 170(b)(1)(A)(ii) 7 ii 4 fest, complete schedule E | | | | | | | | |
| | If "Yes," was the related organization a section 527 organization? | | | | | | | | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, t employees) who each received more than \$100,000 of compensation from the organization. If there is none, en | | | | | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) | Expensount a allowa | nse and | | |
| none | | | | | | | | | |
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| | · | | : | | | | | | |
| f | Total number of other employees paid over \$100 | 2,000 | <u> </u> | 1 | L | | | | |
| | (a) Name and address of each independent contractor | paid more than \$100,000 | (b) Ty | pe of service | (c) Cor | npens | ation | | |
| none | | | | | | | | | |
| | | | | | | | | | |
| d | Total number of other independent contractors | each receiving over \$100,00 | ► | | | | | | |
| | Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration | ed this return, including accompan of preparer (other than officer) is b | ying schedules and sta ased on all information | ntements, and to the bes | any kno | knowl wledg | edge e. | | |
| Sign Here | B. Barward Signature of officer Sen Amin T. B Type or print name and title | ACIHRACIT | Treason | Date | 5/0 | | | | |
| Paid Prepar | Preparer's signature | Date | Date Check if self- employed ▶ ☐ | | | | tions) | | |
| Use O | niv yours if self-employed), | | | | | | | | |
| May th | address, and ZIP + 4 P ne IRS discuss this return with the preparer show | n above? See instructions | <u> Pr</u> | one no. ▶ | Yes | | No | | |
| | | | | Fo | | | (2009) | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

| Name of the organization Employer identification | | | | | | | on number | _ | | | | |
|--|---|--|--|--|---|--------------------------|------------------------|-------------------------|--|----------------------------|--------------------|---|
| Dearborn Orchestral Society Endov | | | | vment Fund | nd | | | | 38 3049011 | | | |
| Pai | rt I | Reason | for Public Ch | arity Status (All org | ganizatio | ons must | t comple | ete this j | oart.) Se | e instruc | tions. | _ |
| The 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 2 | | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | | • | hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | Ц | | Il research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the sname, city, and state: | | | | | | | | | |
| 5 | | - | panization operated for the benefit of a college or university owned or operated by a governmental unit described in n 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | |
| 6 | | A federal, sta | ate, or local gove | emment or governme | ental unit | described | d in sect i | ion 170(t |)(1)(A)(v) |). | | |
| 7 | | - | _ | receives a substantia 1)(A)(vi). (Complete P | - | its suppo | rt from a | governm | ental uni | t or from t | he general publi | С |
| 8 | | A community | y trust described | in section 170(b)(1) | (A)(vi). (C | omplete | Part II.) | | | | | |
| 9 | | receipts from support from | n activities relate n gross investm | receives: (1) more that ed to its exempt funct ent income and unre after June 30, 1975. | tions—su lated bus | bject to d siness tax | ertain ex kable inc | ceptions ome (les | , and (2) s section | no more | than 331/3 % of it | s |
| 10 11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | a)(2). See sectio | n | | |
| е | Ø | By checking persons other | this box, I cert | ify that the organizat in managers and other | tion is no | t control | led direc | tly or inc | lirectly b | y one or | more disqualifie | d |
| f | | organization | , check this box | | | | | | | | - | |
| g | | _ | | the organization acce | epted any | gm or c | ontributio | on from a | iny of the |) | | |
| | | | who directly or | | ndirectly controls, either alone or together with persoring body of the supported organization? | | | | | oed in (ii) | Yes No | |
| | | | . • | • | | - | | | | | 11g(ii) ✓ | _ |
| | | | | rson described in (i) a of a person described | | | | | | | 11g(iii) 🗸 | - |
| h | | | | | | | | | | • • • | 1941 | _ |
| | | (ii) EIN | (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | | on (iv) is the organization (v) Did you notify the organization in | | | organizat (i) organi | Is the tion in col zed in the S.? | (vii) Amount of support | | |
| | | | | , , | Yes | No | Yes | No | Yes | No | | |
| Dearborn Orchestral Society | | n Orchestral | 38-6092467 | 501 (c) 3 | 1 | | √ | , | ✓ | | 9,37 | 5 |
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| Tot | al le | | | | | | | | 1 | | 9.37 | 5 |