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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

2010 Open to Public Inspection

OMB No 1545-0047

A	For the	2010 cale	ndar year, or tax year beginning June 1 , 2010, and		Ma	y 31	, 20 11	
В	Check if	applicable.	C Name of organization Dearborn Orchestral Society Endowment Fund	Inc		D Employ	yer identification nur	nber
	Address	change	Doing Business As DOSEF				38-3049011	
	Name ci	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telepho	one number	
\Box	initial ref	•	PO BOX 2063				313-565-2424	
\exists	Termina		City or town, state or country, and ZIP + 4					
\exists			DEARBORN MI 48123-2063			G Gross r	receints \$ A	98,473
H	Amende		F Name and address of principal officer Robert Kulhman				_ 	
ا.	Applicat	ion pending					for affiliates? Yes	
			PO BOX 20363 DEARBORN MI 48123-2063		4		ncluded? Yes	
1		mpt status	✓ 501(c)(3)] 527	-{		list (see instructions)
<u>J</u>		te: 🕨 noi					n number -	
<u>K</u>				r of formatic	on 1992	M State	of legal domicile	MI
P	art I	Summ						
	1	Briefly de	escribe the organization's mission or most significant activities:	Our miss	sion is to p	rovide a	perpetual base of	
		support t	for the Dearborn Orchestral Society to ensure its artistic and financia	al stability	y. Annual i	ncome fro	om our Endowmei	nt
Activities & Governance		is donate	ed to the Dearborn Orchestral Society to support public concerts, you	uth schol	arships fo	r music le	ssons, and conce	erts
Ë			entary school children.					
Š	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more the	than 25% of	its net asset	 S.		
Ğ	3					1 - 1		9
•ජ ග	4		of independent voting members of the governing body (Part VI, li			<u> </u>		9
E	5		nber of individuals employed in calendar year 2010 (Part V, line 2			5		0
Ž	6		nber of volunteers (estimate if necessary)	-u, .		6		10
¥	1		,			7a		0
	7a					7b		
	b	Net unre	lated business taxable income from Form 990-T, line 34		Prior Ye		Current Year	
			, , , , , , , , , , , , , , , , , , ,	<u> </u>	Prior re			
ø	8		tions and grants (Part VIII, line 1h)			1,100	4	00,133
Ē	9	-	service revenue (Part VIII, line 2g)		0		0	
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	· · 上		9,567		48,542
_	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· ·		-5,030		49,799
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)		5,637	4	98,473
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)			9,375		7,050
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	[0		0
ø	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-	-10)		0		0
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			0		0
ē	b		draising expenses (Part IX, column (D), line 25)					
ŭ	17		penses (Part X, 80 umn (A), imes 11a-11d, 11f-24f)			115		20
	18		penses. Add lines:13=17 (must equal Part IX, column (A), line 25)			9,490	·· ·	7,070
	19		less expenses. Subtract line 18 from line 12	·		-3,853	4	91,403
		ricvende		Be	ginning of Cu		End of Year	
ts o	20	Total apr	1/01		3	310,603		06,781
Net Assets or Fund Balances	20		sets (Parit X, line 16)	· ·		310,003		00,701
te de	21		pilities (Part X, line-26)	· ·		315,378		06,781
			ts or fund balances Subtract line 21 from line 20	• • • •		313,370	<u>°</u>	00,761
	art II		ture Block					
Un	ider pena	alties of perju	iry, I declare that I have examined this return, including accompanying schedules a lete Declaration of preparer (other than officer) is based on all information of which	and stateme	ents, and to t	the best of r	my knowledge and b	elief, it is
		it, and comp	ete beclaration of preparer (durer than officer) is based on all information of which	preparent	as any know			
		1	1. J. Beeren			<u> 7/</u>	25/2011	
Siç		Sign	ature of officer	2 ~ 4 ~		tte		
He	ere	I 	BENJAMIN BACHRACH TR	ens	URP	<u> </u>		
		Тур	e or print name and title					
Pa	id.	Print/Ty	pe preparer's name Preparer's signature	Date		Check	of PTIN	
				}		self-em		
	epare		varne ▶		Firr	n's ElN ▶		
US	se On	יי עי	address ►			one no	·	
Ma	v the II		s this return with the preparer shown above? (see instructions)		1118		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ No
	.,				<u> </u>			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2010)

Form 99	0 (2010)		Page 2
Part		n Service Accomplishments ontains a response to any question in this Part III	
1	Briefly describe the organizati		
•		rpetual base of support for the Dearborn Orchestral Society to ensure its artistic	and
		income from our Endowment is donated to the Dearborn Orchestral Society	
	to support public concerts, you	uth scholarships for music lessons, and concerts for elementary school childre	n.
2	Did the organization undertak	ke any significant program services during the year which were not listed o	n the
	•		· Yes 🗸 No
_	If "Yes," describe these new s		
3	services?	conducting, or make significant changes in how it conducts, any pro	gram · ☐ Yes 🗹 No
	If "Yes," describe these chang	ges on Schedule O.	
4	501(c)(3) and 501(c)(4) organiz	e achievements for each of the organization's three largest program service zations and section 4947(a)(1) trusts are required to report the amount of gi nd revenue, if any, for each program service reported.	
4a		s \$4,650 including grants of \$4,650) (Revenue \$	0)
	Donation to Dearborn Sympho	ony Orchestra for operating expenses	
4b		s \$ 2,400 including grants of \$ 2,400) (Revenue \$ ral Society for Young Musician Scholarships	<u> </u>
	•••••••••••		
	•		

40	(Codo: \/Evpopses	s \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses	5 \$ / (Nevertue \$	/
	••••••		
4d	Other program services. (Des		
- 4^		including grants of \$) (Revenue \$)	
4e	Total program service expe	enses ► 7,050	

art	Checklist of Required Schedules		- 	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	5	·	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		1
9	complete Schedule D, Part III	8	ļ	1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ 	1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	<u> </u>	✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
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		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	N
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	- i	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		,
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Γ,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Ī
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	
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		T.
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\uparrow
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	_	Ì
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		Ì
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		†
а	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			
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		
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,	07		
38	Part VI	37		+
\sim	19? Note. All Form 990 filers are required to complete Schedule O	38	١.	1

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. п
		I	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		/
2a				ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	0.		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		├
3a	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	i l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	66		
7	gifts were not tax deductible?	6b		┼
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		† *
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
0	Sponsoring organizations maintaining donor advised funds.			+-
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ا _{ده} ا		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		+
а	Is the organization licensed to issue qualified health plans in more than one state?	138		+-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a		14a		1
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		<u> </u>

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	Scne	eauie
	Check if Schedule O contains a response to any question in this Part VI			V
Secti	on A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 9		Yes	No
1a b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	✓	
а	The governing body?	8a	<u> </u>	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		1
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b			-	,
Santi	ion C. Disclosure	16b	L	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► MI - similar data but not exact form			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ulable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of the public and financial statements available to the public.	of inte	rest p	oolicy,
20	and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20	organization: ► Benjamin Bachrach, 21835 Cherry Hill St Dearborn MI 48124, 313-563-1558		, 	

_			7
Pа	О	е	•

Form		

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	OL ALICO LA LA CARLA LA CARLA DE CARLA	

Check if Schedule O contains a response to any question in this Part VII . . .

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 employees."
- 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.

Check this box if neither the organizatio (A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per week					that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	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) Robert Kuhlman, President	2	1		1				0	0	
(2) Sandra Butler, Vice-President	1	1		1				o	0	
(3) John Dolega, Secretary	3	1		1				0	0	
(4) Benjamin Bachrach, Treasurer	4	1		1				0	0	
(5) Anina Bachrach	1			1				o	0	
(6) Paul Butler	1			1				0	0	
(7) Patrick Daoust	1			1				0	0	
(8) Patricia Daoust	1			/				0	0	
(9) David Gregg	1			1	-			0	0	
(10)										
[11)										
(12)										-
13)										
14)										
(15)						 				
(16)		 	\vdash	 -	-	 	\vdash	-	 	

Name and table	Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	oye	es, a	ind	Highe	est			contin			
Total rumber of individuals (including but not limited to those listed above) who Pecceptage Pecceptage		• • •		, ,		nh d	(D)	(E)		-	-				
119 120		Name and title	hours per							compensation	compensation fro		amo	amount of	
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119 120			hours for	c dual	2	1	륯	st co	*			ISC)			
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[21] [22] [23] [24] [25] [26] [27] [28] [27] [28] [28] [27] [28] [27] [28] [27] [28] [28] [27] [28] [27] [28] [28] [27] [28] [28] [27] [28] [28] [29] [29] [20] [27] [28] [27] [28] [28] [27] [28] [28] [27] [28] [27] [28] [27] [28] [27] [28] [28] [27] [28] [27] [28] [28] [27] [28] [27] [28] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [27] [28] [29] [27] [28] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [26] [27] [27] [28] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [26] [27] [28] [27] [28] [29] [29] [20] [20] [20] [21] [22] [22] [23] [24] [25] [26] [27] [27] [28] [28] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [20] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [27] [28] [29] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [26] [27] [27] [28] [29] [20] [20] [20] [20] [20] [20] [20] [20	(20)			 			<u> </u>								
[22] [23] [24] [25] [26] [27] [28] 1b Sub-total	(20)								<u> </u>						<u>-</u>
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1b Sub-total	(27)			<u> </u>	-	-			-						
1b Sub-total .	<u></u>														
Total from continuation sheets to Part VII, Section A	(28)		-												
Total (add lines 1b and 1c)	1b	Sub-total			٠.	•				0		0			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \(\bigcirc \) of the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-		-		•	•					 				0
Total number of independent contractors (including but not limited to those listed above) who Yes No								<u> </u>	1 -	<u> </u>) in			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2				1056	<i>:</i> 115	leu	abovi	e, w	viio received iii	ore triali pro	0,000	וווע		
employee on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								emp	ployee, or high	nest compe	nsated			1
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	• •							on a	and other com	pensation from	om the			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•	organization and related organizations	greater th	an \$	150	,000	? /	f "Ye	s,"	complete Sci	hedule J fo	r sucl	n		
for services rendered to the organization? If "Yes," complete Schedule J for such person							• •		•				-		✓
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation none 2 Total number of independent contractors (including but not limited to those listed above) who	5										zation or ind		1 1		1
compensation from the organization. (A) Name and business address Description of services Compensation none 2 Total number of independent contractors (including but not limited to those listed above) who	Section														
(A) Name and business address Description of services Compensation none 2 Total number of independent contractors (including but not limited to those listed above) who	1		compensat	ted in	dep	end	lent	contr	act	tors that receiv	ed more tha	n \$10	0,000 of		
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who									Т	(R)	 		(C)		
Total number of independent contractors (including but not limited to those listed above) who			iress								services			ation	
	none								-						
									-						
	2									hose listed ab	ove) who				

Part	VIII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
स्र स	1a	Federated campaigns 1a					,
ra i	b	Membership dues 1b					
S, g	С	Fundraising events 1c					
ar a	d	Related organizations 1d					
E, S	е	Government grants (contributions) 1e					
tior ir si	f	All other contributions, gifts, grants,					
the libra		and similar amounts not included above 1f	400,133				
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add fines 1a-1f		400,133			
Program Service Revenue	0-	Bus	siness Code				
leve	2a						***************************************
9	Ь						
١	d		<u>-</u>				
ı Sı	e						
33	f	All other program service revenue .					
Po	g	Total. Add lines 2a–2f	•				L
	3	Investment income (including dividends					
		and other similar amounts)	▶	25,475	25,475		
	4	Income from investment of tax-exempt bond p	roceeds ►				
	5	Royalties	, . >				
		<u> </u>) Personal				
	6a	Gross Rents					'
	ь	Less: rental expenses					
	С	Rental income or (loss)		1			'
	d 7a	Net rental income or (loss)	> (ii) Other				
	/a	assets other than inventory	(1) Other		,		
	ь	Less: cost or other basis					
		and sales expenses .		İ			
	С	Gain or (loss) . 23,067					
	ď	Net gain or (loss)	▶	23,067	23,067		
9	8a	Gross income from fundraising					
venue		events (not including \$		ì	ł		
	:	of contributions reported on line 1c).					
늍		See Part IV, line 18 a		į			
Other Re	ь	Less: direct expenses b					
•	1	Net income or (loss) from fundraising even	ts . ▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	1	Less: direct expenses b					-
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less	§ ▶	0			
	iva	returns and allowances a		ļ			
		Less: cost of goods sold b		į			
		Net income or (loss) from sales of inventor	v >	0	!		
	— <u> </u>		siness Code				
	11a	Unrealized Capital Gains		49,799	49,799		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a–11d		49,799			
	12	Total revenue. See instructions	▶	498,473	498,473		1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

We other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	nummi (A) but are not	required to comple	te columns (b), (c),	and (D).
	not include amounts reported on lines 6b, 3b, 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 governments and organizations in the U.S. See Part IV, line 21	7.050	7.050		
_	- · · · · · · · · · · · · · · · · · · ·	7,050	7,050		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. 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)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
•					· · - · · · · · · · · · · · · · · · · ·
9	Other employee benefits			····	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		i		
b	Legal				
c	Accounting				
_					
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				······································
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	·			· · · · · · · · · · · · · · · · · · ·
_					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		·····	· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Michigan Corporation Filing Fee	20		20	
b					
С					
d					
e					
f	All other expenses				
-	Total functional expenses. Add lines 1 through 24f	7.070		20	
25		7,070	-	20	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	12,499	1	87,656
	2	Savings and temporary cash investments	117,570	2	25,343
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	•		
S		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	***************************************
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	185,308	11	693,782
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	315,378	16	806,781
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
		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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balance	<u>[</u>]	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ď	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	315,378		806,781
	34	Total liabilities and net assets/fund balances	315,378	34	806,781
					Form QQQ (2010

Form 99	0 (2010)		Pa	ge 12			
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		49	8,473			
2							
3	· · · · · · · · · · · · · · · · · · ·						
4							
5	Other changes in net assets or fund balances (explain in Schedule O)			0			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))		80	6,781			
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
			Yes	No			
1	Accounting method used to prepare the Form 990:						
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	and and the control of the control o						
С	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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
đ	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:						
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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?						
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	3a 3b					

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Dearborn Orchestral Society Endowment Fund

Employer identification number 38-3049011

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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. c Type III-Functionally integrated **b V** Type II e 🖸 By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . \Box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization in col (described on lines 1-9 support organization governing document? col (i) of your (i) organized in the U.S.? above or IRC section support? (see instructions)) Yes No Yes No Yes Nο (A) Dearborn Orchestral 501 (c) 3 38-6092467 7.050 1 Society (B) (C)

(D)

(E)

Total

7,050

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

38-3049011 **Dearborn Orchestral Society Endowment Fund Inc** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

raye 4		Page	2
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3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check at lith at paply): a	Part											
b	3		accession, and ot	her record	ts, checl	k any of the fo	llowir	ng that are a	ı sıgr	nificant i	use o	f its
c ☐ Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV	а	☐ Public exhibition		d [Loa	n or exchange	prog	rams				
c ☐ Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV	b	☐ Scholarly research		e [Oth	er						_
SIV. 5 During the year, did the organization solicit or receive donations of art, historical treasuries, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C											
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		tion's collections a	and explai	n how th	ney further the	orgai	nızatıon's ex	:emp	t purpos	e in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIV and complete the following table: C	5											
line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance												
included on Form 990, Part X? Yes No No No No No No No N	Part	line 9, or reported an amoun	t on Form 990, F	Part X, lin	e 21.					n 990, I	Part	IV,
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount C Beginning balance	1a								not			
c Beginning balance							• •		•	∐ Yes	; <u></u>	No
C Beginning balance d Additions during the year	Ь	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the foil	lowing ta	able:			Ame	Nunt		
d Additions during the year e Distributions during the year f Ending balance		Daniero halana					4			Junt		—
e Distributions during the year f Ending balance							-				_	
f Ending balance												
Did the organization include an amount on Form 990, Part X, line 21?								 \				
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four ye										□ Ves		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four yea		•	•	art X, iirio	21: .				•		,	
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years (e) Four year				ation ans	swered	"Yes" to Form	n 990). Part IV. li	ne 1	0.		
b Contributions											ears b	ack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment for the estimated percentage of the year end balance held as: a Board designated or quasi-endowment for the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations	1a	Beginning of year balance	315,378		310,603							
d Grants or scholarships	b		400,133		1,100							
d Grants or scholarships	С	Net investment earnings, gains, and				· · · · · · · · · · · · · · · · · · ·						ı
e Other expenditures for facilities and programs		losses	49,799		-5,030							!
f Administrative expenses . 20 115 g End of year balance . 806,781 315,378 310,603 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 85% b Permanent endowment ▶ 15% c Term endowment ▶ 0% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations . 3a(i) ✓ (ii) related organizations . 3a(ii) ✓ b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3a(ii) ✓ 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land . (a) Cost or other basis (other) (other) (d) Book value depreciation 1 Land . (b) Buildings . (c) Leasehold improvements . (d) Book value depreciation 2 Description of investment (e) Cost or other basis (other) (other) (d) Book value depreciation 2 Description of investment (e) Cost or other basis (other) (other) (other) (d) Book value (d) Book	d	Grants or scholarships	7,050		9,375							i
f Administrative expenses	е	Other expenditures for facilities and										
g End of year balance		programs										
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 85% b Permanent endowment ▶ 15% c Term endowment ▶ 0% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations	f	Administrative expenses										
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C Term endowment ▶ 0% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations				5%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations												
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b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land					• •		• •		•			
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (other) (d) Book value depreciation 1a Land	h	• •			 n Schedi	ıle B?	•		•			<u>·</u>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (other) (d) Book value depreciation 1a Land							• •		•	<u> </u>		<u> </u>
Description of investment (a) Cost or other basis (other) (investment) (investment) (investment) (investment) (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value												
Ia Land (investment) (other) depreciation b Buildings c Leasehold improvements d Equipment e Other							(c) Ac	cumulated		(d) Book	value	
b Buildings		•			(0	ther)	dep	reciation				
c Leasehold improvements d Equipment	1a	Land										
c Leasehold improvements d Equipment	b	Buildings										
d Equipment	С	<u> </u>										
e Other	d											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶												
	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	, column	(B), line 10(c).) .	▶				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Dearborn Orchestral Society Endowment Fund Inc	38-3049011						
Part VI, 6 All season subscribers to the Dearborn Symphony Concerts are members							
Part VI, 7a. Members attending the annual meeting elect the Board of Trustees							
Part VI, 7b. Members attending the annual meeting approve the annual budget proposed by the Board	of Trustees						
Part VI, 11b. A draft of the 990 Form and Schedules is emailed to all members of the Board of Trustees, and discussed at a Board Meeting							
•							