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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Δ 1	or the	2014 calendar year, or tax year beginning 06-01 , 2014, and	anding 0	F 21 2015
				5-31 ,2015
_	Check if a	D Employer identification no.		
=	Address c		38-3049011	
=	lame cha		Room/suite	E Telephone number
ן ¦	nitial retu	PO BOX 2063		(313) 565-2424
י עַ	inal retur	City or town, state or province, country, and ZIP or foreign postal code		665,861
ע ע	mended	DEARBORN, MI 48123-2063		G Gross receipts\$
□ 4	upplication	n pending F Name and address of principal officer		
			H(a) Is this a group r subordinates?	eturn for Yes X No
1 _ 1	ax-exemp	ot status X 501(c)(3)	H(b) Are all subordin	nates included? Yes No
J \	Vebsite:	▶ N/A	H(c) Group exemption	ach a list (see instructions) on number
K F	orm of or	ganization X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation		
Pa	rt I	Summary		
L	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A PROVIDE	ERPETUAL BASE (OF SUPPORT FOR
_		THE DEARBORN ORCHESTRAL SOCIETY TO ENSURE ITS ARTISTIC AND FI		
Activities & Governance		INCOME FROM OUR ENDOWMENT IS DONATED TO THE DEARBORN ORCHESTR		
Ŧ		CONCERTS, YOUTH SCHOLARSHIPS FOR MUSIC LESSONS AND CONCERT	AL SOCIETI TO	BOFFORT FODDIC
Ş		Check this box I if the organization discontinued its operations or disposed of more than 25%	of its not assats	
မ		Number of voting members of the governing body (Part VI, line 1a)	1 .	1 -
රේ				
řes		Number of independent voting members of the governing body (Part VI, line 1b)	4	
Š		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u> </u>
Ą		Total number of volunteers (estimate if necessary)		
_		Total unrelated business revenue from Part VIII column (C), line 12	• • • • • • • • 73	0
- 67	<u>b</u>	Net unrelated business taxable income from 990-T, line 34	71	0
S. Hundanay S		181 AUG 2 1 201- 181	Prior Year	Current Year
4	8	Contributions and grants (Part VIII), and In	11,23	10,550
8	9	Program service Tevenue-(Part VIII, line 2g)	0	
<u></u>	10	Investment income (Pari ()) Collumn (A), lines 3, 4, and 7d)	95,460	
<u> </u>	11	Other revenue (Part VIII, column (A), Imes 5, 6b, 8c, 9c, 10c, and 11e)		0
S	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,19	106,010
70	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,95	
 	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Expenses 1	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
133	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	Ь	Total fundraising expenses (Part IX, column (D), line 25)		
ត់	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,97	
	1	Revenue less expenses. Subtract line 18 from line 12	50,21	
			Beginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)	1,048,30	
888	21	Total liabilities (Part X, line 26)	1,040,30	1,054,181
100	22	Net assets or fund balances. Subtract line 21 from line 20	1 040 20	1 034 101
Pa		Signature Block	1,048,30	1,034,181
ــــــــــــــــــــــــــــــــــــــ	سلست	of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief it is	
		d complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	Wiowioogo and ponor, it is	
		0 2 0		22 24 224
Sig	n	BENJAMIN BACHRACH Signature of officer	D:	08-24-2015
		-		08-25-2015
Her	-	BENJAMIN BACHRACH, TREASURER		00 23 2013
		Type or print name and title	<u> </u>	<u> </u>
		Print/Type preparer's name Preparer's signature Date	Check X if	PTIN
Paid		Richard Molek Richard Molek 7/00 08-24-2015	self-employed	P00554432
	parer		Firm's EIN > 46	2 <i>595445</i>
Use	Only	Firm's address 2143 Clubhouse Rd	Phone no	
		North Fort Myers FL 33917	239-	271-8880
May	ha IDS	discuss this return with the preparer shown above? (see instructions)		· · · · X Yes No

Form	990 (2014) DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011	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	Bnefly describe the organization's mission:		
	TO PROVIDE A PERPETUAL BASE OF SUPPORT FOR THE DEARBORN ORCHESTRAL SOCIETY T	O ENSURE I	rs
	ARTISTIC AND FINANCIAL STABILITY. ANNUAL INCOME FROM OUR ENDOWMENT IS DONATE		
	ORCHESTRAL SOCIETY TO SUPPORT PUBLIC CONCERTS, YOUTH SCHOLARSHIPS FOR MUSIC		
	CONCERT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Vos	x No
	If "Yes," describe these new services on Schedule O.		<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?		X No
	If "Yes," describe these changes on Schedule O.	∐ 1e2	X NO
4	-		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than total assessment of the total assessment of t	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$20,000 including grants of \$20,000) (Revenue	\$)
	DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR OPERATING EXPENSES		
	•		
			
		···	
4b	(Code:) (Expenses \$10,555 including grants of \$10,555) (Revenue	\$,
	DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR OPERATING EXPENSES		
		 	
			
			
	(Outro) (Course & Course in the Course of Course in the Course of		
4c	(Code:) (Expenses \$9,325 including grants of \$9,325) (Revenue	\$,
	DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR OPERATING EXPENSES		
			
			
			
			
			
	Other was a series (December of Cabadula O.)		·
4d	Other program services (Describe in Schedule O.)	`	
	(Expenses \$ 5,950 including grants of \$ 5,950) (Revenue \$		
40	Total program service expenses 45,830		

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.,	
_	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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 98-197 If "Yes," complete Schedule C,	_		37
c	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	
	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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	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			3.7
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	v	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		v
		11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			- 22
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	j	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	X
12a	· · · · · · · · · · · · · · · · · · ·			
•	Schedule D, Parts XI and XII	12a		Х
ь	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 and XII is optional	12b	Ì	Χ_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg \uparrow$	X
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	[Į	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Ì	Х
15	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? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	I	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	T	

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC 38-3049011 Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 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 23 Χ 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 Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 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? If "Yes," complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 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). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Partlesses 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 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 Х 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 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O 38

14) DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V	• • • •	· · · ,	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and)	
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1	}	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	_	Ì	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Į	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	70	-	
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ļ	1	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	}	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 1	j	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		_
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	
a	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-	j	
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter:	70		
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		1	
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		Ì	
	against amounts due or received from them.)			
2a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 organization is licensed to issue qualified health plans	ļ		
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Rа X X Each committee with authority to act on behalf of the governing body? 8h 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website 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 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

BEN BACHRACH (313)565-2424, 20955 ISLAND SOUND CIR UNIT 101, ESTERO, FL 33928-8970

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Form 9	990 C	201	4)
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DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC

38-3049011

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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

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.

🐰 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				((C)					•
(A)	(B)	Position		(D)	(E)	(F)				
Name and Title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
Hame and This	hours per					s poin a r/trustee		compensation	compensation from	amount of
	week (list any						,	from	related	other
	hours for related	오 글	5	Q	~	g ∓	٦,	the organization	organizations (W-2/1099-MISC)	compensation from the
•	organizations	d di	SE SE	Officer	y en	ob ghes	Forme	(W-2/1099-MISC)	,	organization
	below dotted	함	2		Key employee	9 8	_			and related organizations
] """	Individual trustee or director	Institutional trustee		ee.	nper				organizations
		•	8			Highest compensated employee			ļ	
						Ä				
	. [
(1) BRENDA LEMECHA	2.00									
PRESIDENT		Х		Х				0	0	0_
(2) SANDRA BUTLER										. —
VICE PRESIDENT, ACCT SECRETARY		X		X				0	0	0_
(3) BENJAMIN BACHRACH	4.00_									_
TREASURER		X		Χ				0	0	00
(4) ANINA BACHRACH	1.00_									
DIRECTOR		X						0	0	0_
(5) PAUL BUTLER	1.00_									
DIRECTOR		X						0	0	0
(6) PATRICK DAOUST	1.00_									
DIRECTOR		X						0	0_	0
(7) JOHN DOLEGA	1.00									
DIRECTOR		X						0	0	0
<u>(8)</u>										
			_							
<u>(9)</u>								l		
(10)								ı		
				\vdash						
(11)										
(42)			<u> </u>	-	_					
(12)					. :					
(42)										
(13)										
(14)									 	
(14)								l		
		l				لــــــا			L	<u> </u>

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (Comp	ensa	ited Employees (continued)	,		
	(A) Name and title	(B) Average hours per	Average 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						
		hours for related organizations below dotted 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)	org an	pensation rom the panization d related anizations	n I
<u>(15)</u>													
(16)													
<u>(17</u>)													
(18)_													
(19)													-
(20)_									- · · · · · · · · · · · · · · · · · · ·				
(21)_									· · · · · · · · · · · · · · · · · · ·				
(22)													
(23)													
(24)_													
(25)													
1b c d	Sub-total	on A						>	0	0			0
	Total number of individuals (including but not limited							<u> </u>		<u> </u>	l		
	reportable compensation from the organization							-		0		Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			loye	e, o	r hig	hest c	omp	ensated		3		Х
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	ensati										
5	individual									• • • • • • • •	4		X
Socti	for services rendered to the organization? If "Yes," con B. Independent Contractors	-		-			_				5		X
1	Complete this table for your five highest compensate compensation from the organization. Report compenser.												
	(A)		-					_	(B)			(C)	
	Name and business address								Description of	SCI AIMB	comp	ensation	
2	Total number of independent contractors (including t				sted	abo	ve) w	ho					

		Check if Schedule O contains a response or note to any	line in this	Part VIII			<u></u> 🔲
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इंद	1a	Federated campaigns 1a					· · · · · · · · · · · · · · · · · · ·
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues · · · · · · · 1b					
A.O.	C	Fundraising events 1c	225		l		
燕声	d	Related organizations 1d					
φ.E	9	Government grants (contributions) 1e					
อื่อ	f	All other contributions, gifts, grants,					
the		and similar amounts not included above 1f 1	0,325				
뎙	g	Noncash contributions included in lines 1a-1f: \$ 1	0,325				
<u> </u>	h	Total. Add lines 1a-1f	▶	10,550			
-		Busine	ss Code				
Program Service Revenue	2a						
Ze Ze	b						
چ	C						
Sen	d						
ie E	9						
Ş.	f	All other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f	• • • •				
	3	Investment income (including dividends, interest,	-				
		and other similar amounts)	▶	45,013	45,013		
	4	Income from investment of tax-exempt bond proceeds	🕨			- <u>-</u>	
	5	Royalties	▶				
	1	(i) Real (ii) Pe	ersonal			l	
		Gross rents · · · · · ·					
	1	Less: rental expenses · · · ·					
	į.	Rental income or (loss) · · ·				ļ	
	d	Net rental income or (loss)					
	7a	Cross amount worm saids of	Other				
	1	assets other than inventory 610,298					
	b	Less: cost or other basis					
		and sales expenses · · · 559,851					
		Gain or (loss)					
do		Net gain or (loss)		50,447	50,447		
enne	8a	Gross income from fundraising	1				
Š		events (not including \$ 225					
Other Rev		of contributions reported on line 1c).					
ş.	١.	See Part IV, line 18 · · · · · · · a					
0	1	Less. direct expenses b					
	1	Net income or (loss) from fundraising events Gross income from gaming activities.					
	Ja	See Part IV, line 19 · · · · · · · · a					
	h	Less: direct expenses b			ŀ		
		Net income or (loss) from gaming activities					
	1						
	TUA	Gross sales of inventory, less returns and allowances	ľ				
	ь	Less: cost of goods sold b			•	}	
		Net income or (loss) from sales of inventory					
	<u>├</u>	Miscellaneous Revenue Busines			 		
	11a				1	Į	
	ь						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
		Total revenue. See instructions	F	106,010	95,460	o	0

38-3049011

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 45,830 45,830 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): Legal Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 13 20 20 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) b C d All other expenses Total functional expenses. Add lines 1 through 24e 20 0 45,850 45,830 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 ▶ L l ıf following SOP 98-2 (ASC 958-720)

Form 990 (2014)

Part X

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC 38-3049011 Page 11 **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 2 2 70,969 53,960 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 980,221 977,338 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,048,307 1,034,181 17 Accounts payable and accrued expenses 17 18 18 19 19 Deferred revenue 20 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, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 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 25 26 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 28 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,048,307 1,034,181 33 33 1,048,307 1,034,181 34 Total liabilities and net assets/fund balances 1,048,307 1,034,181

2c

3a

3b

Form 990 (2014)

X

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

EEA

the Single Audit Act and OMB Circular A-133?

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.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	or the	organization					Employer identific	ation number	
)EA	RBO	RN ORCHESTRAL SOCIETY EN	DOWMENT FUND	INC			38-30490	11	
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must o	omplete	this par			
The	orgai	nization is not a private foundation beca	ause it is: (For lines	1 through 11, check only	one box.)				
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E.)					
3		A hospital or a cooperative hospital se	ervice organization	described in section 170)(b)(1)(A)(i	ii).			
4		A medical research organization oper	ated in conjunction	with a hospital described	in section	170(b)(1	(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in		
	_	section 170(b)(1)(A)(iv). (Complete F		,	, ,				
6	П	A federal, state, or local government of	•	ut described in section 1	70(b)(1)(A	(v).			
7	Ħ	An organization that normally receives					n the general public		
•		described in section 170(b)(1)(A)(vi)			ooa.	U U U.	ii ale gellejal pasie		
8		A community trust described in section							
9	Ħ	An organization that normally receives			contributio	ne mamb	ershin fees and arnse	•	
9	ш	receipts from activities related to its ex		• • •			• •	•	
		support from gross investment incom-	· · · · · · · · · · · · · · · · · · ·	· · ·	. , ,				
		acquired by the organization after Jun		•		•	om busilesses		
40	\Box	• •				•			
10	X	An organization organized and operat	•	•			corns out the numero	a of	
11	ıΔ.	An organization organized and operat	-	•			• , ,		
		one or more publicly supported organ		,			,	леск	
	_	the box in lines 11a through 11d that o	• •	•	•				
	а	Type I. A supporting organization		•		-			
		the supported organization(s) the			y or the air	ectors or t	rustees of the support	ing	
		organization. You must complet	-		_				
	b	Type II. A supporting organization	•		• • •	•			
		control or management of the sup		•	sons that o	control or n	nanage the supported	_	
		organization(s). You must comp	•						
	С	Type III functionally integrated.		•				١,	
		its supported organization(s) (see		•					
	d			-			• •		
		that is not functionally integrated.	The organization g	enerally must satisfy a di	stribution r	equiremen	t and an attentiveness	3	
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	art V.			
	0	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	Type II, Type III		
		functionally integrated, or Type III	non-functionally inf	tegrated supporting organ	nization.				, , ,,,
	f	Enter the number of supported organi	zations				• • • • • • • • • • • • • • • • • • •		1
	9_	Provide the following information about	t the supported or	ganization(s).					·
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	_	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-9 above or IRC section	listed in you docum		support (see instructions)	other suppo instructi	
				(see instructions))	docum		insudatoris)	*130 000	Uliaj
					Yes	No			
(A)					}				
<u>1</u>	DEAF	BORN ORCHESTRAL	38-6092467	2	X		45,830		00
ا ه									
(B) 									
_									
(C)									
(D)									
(E)]				
Tota	1	1					45,830		
	-	_		i	1	•			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part Vi**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	,		
			N.
		Yes	No
	1	Х	
	<u> • </u>	^	
	2		Х
	3a		X
		'	
	3b		
			Ï
	3с		
	4a		3.7
	48		X
		'	
	4b		
	4c		
	5a		X
	5b		
	5c		
į			i I
	6		Х
	_		
i			
	7		X
	8		X
	_		
	9a		<u>X</u>
	9b		
	30	-	
	9с		
	10a		Х
	10b		
A /E	n-m- 000	or 990	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC 38-3049011 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
Part III, line 12. Also complete this part for any additional information. (See instructions).
01. Majority of directors or trustees (Part IV, Sect. C)
TWO OF THE SUPPORTING ORGANIZATION'S DIRECTORS ARE ALSO THE PRESIDENT AND TREASURER OF THE
SUPPORTED ORGANIZATION. THE SUPPORTED AND SUPPORTING ORGANIZATIONS HAVE HAD A LONG AND
CONSISTENT RELATIONSHIP.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	Employer identification number
DEA	ARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	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
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	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 a historically in	anadant land area
	Protection of natural habitat Preservation of a certified history in	-
	=	one suddicine
_	Preservation of open space	- short
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a \
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	histonic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	tion during the
_	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?	· · · · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	palance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance.	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	·
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990 Part Y	• ¢

Pa	rt III Organizations Maintaining C	ollections of A	rt, Historicai Tr	easures, or U	iner Similar Ass	ets (coi	nunu	ea)	
3	Using the organization's acquisition, accession, a	ind other records, ch	eck any of the follow	ing that are a signif	icant use of its				
	collection items (check all that apply):								
а	Public exhibition	d ∐ Loar	n or exchange progra	ams					
b	Scholarly research	e 📙 Othe	er	····					
C	Preservation for future generations								
4	and organization of the state o								
	XIII								
5	During the year, did the organization solicit or rec								
	assets to be sold to raise funds rather than to be		of the organization's of	collection? -		. 🗌 Y	es [No	
Pa	rt IV Escrow and Custodial Arrang					_			
	Complete if the organization an 990, Part X, line 21.	swered "Yes" to	Form 990, Part	IV, line 9, or re	ported an amoun	t on Fo	rm		
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or o	ther assets not					
	included on Form 990, Part X?					. 🗆 Y	es [] No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	Amount								
C									
d	Additions during the year			[1d				
0	Distributions during the year				10				
f	Ending balance				1f				
2a	\ <u> </u>								
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII								
Pa	rt V Endowment Funds.								
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 10.					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	years b	ack	
1a									
b	Contributions	10,550	11,231	7,760	36,653	4	00,1	.33	
C	c Net investment earnings, gains, and								
	losses · · · · · · · · · · · · · · · (23,839) 110,417 120,780 (37,210) 49,799								
d	Grants or scholarships	45,830	25,950	19,550	19,026		7,0)50	
0	Other expenditures for facilities and								
	programs					<u> </u>			
f	Administrative expenses	20	26	15	20			20	
g	End of year balance	989,168	996,355	896,153	787,178	7	58,2	240	
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a)) he	ld as:					
а	man and the state of the same and the same a								
b	Permanent endowment 15.00 %								
C	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equal 100%.								
3a	Are there endowment funds not in the possession	of the organization	that are held and ad	ministered for the					
	organization by:						Yes	No	
	(i) unrelated organizations					3a(i)		X	
	(ii) related organizations					3a(ii)		X	
b	If "Yes" to 3a(ii), are the related organizations liste	ed as required on Sc	hedule R?			3b			
4	Describe in Part XIII the intended uses of the org	anization's endowme	ent funds.						
Pa	rt VI Land, Buildings, and Equipme	ent.							
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 11a. Se	e Form 990, Parl	X, line	10.		
	Description of property	(a) Cost or othe	er basis (b) Cost o	r other basis (6	:) Accumulated	(d) Book	k value		
		(investme	1 ' '	other)	depreciation				
1a	Land								
b	Buildings								
C	Leasehold improvements							-	
d	Equipment								
9	Other								
Total		l Form 990 Part X	column (B), line 10c	`	▶				

Part VII	Complete if the organization answere	ed "Yes" to Form 990. Pa	art IV line 11b. See Form 990	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	on
(1) Financial d	lenvatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" to Form 990, Pa	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" to Form 990, Pa	art IV, line 11d. See Form 990,	Part X, line 15.
	(a) l	Description		(b) Book value
_(1)				
(2)				
_(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(8)				
(9)	(A)	<u> </u>		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answere		ert IV line 11e or 11f. See Form	n 990 Part X
	line 25.	Ţ		
1.	(a) Description of liability	(b) Book value	 	
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			_	
(7)			_	
(8)			- 	
(9)	Ament across Form 900, Bart V. col. (B) line 25.)		—	
iotal. (Column (b)) must equal Form 990, Part X, col (B) line 25)	I		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)		Gover	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to	Organization he United Sta	s, tes :2		OMB No 1545-0047 2014
Department of the Treasury Internal Revenue Service		► Information ab	► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	ttach to Form 990. 90) and its instruction	is is at www.irs.gov/f	orm990.		Open to Public Inspection
orgar	SOCIETY ENDO	WENT FU					Employer identification number 38-3049011	number
Part I General Info	General Information on Grants and Assistance	ants and Assis	tance					
	aintain records to sut d to award the grants	ostantiate the amour	int of the grants or assista	grants or assistance, the grantees' eligibility for the grants or assistance, and	blity for the grants or a	issistance, and		. TYes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Govern	rganization's procedu	ures for monitoring to to Domestic Org	he use of grant funds in parizations and Don	the United States	s. Complete if the	e in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	1 "Yes" to Form 99	o,
Part IV, line 21	1, for any recipient	that received mo	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Il can be duplicated	if additional space	is needed.		
1 (a) Name and address of organization or government	rganization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DEARBORN ORCHESTRAL SOCIETY	AL SOCIETY					(2010)		OPERATING
P.O. BOX 2063 DEARBORN, MI 48123	<u>м</u>	38-6092467	501 (C) 3	45,830				EXPENSES, SCHOLARSHIP,
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
ļ .	tion 501(c)(3) and go	ovemment organizat	tions listed in the line 1 to	able			•	7
3 Enter total number of other organizations listed in the line 1 table For Bananuck Beduction Act Notice see the Instructions for Earn	er organizations liste	d in the line 1 table					A	
FOI TAPETWOIN NEURCHOIL ACT MOUCE, SEE LIE HISTIACHOUS TOF FOITH SEC.	ין ועטעיכה, ססס נווס וווי	וו מרמיווים זהו ב					አ	Schedule I (Form 990) (2014

Schedule I (Form 990) (2014)

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC

Page 2

38-3049011

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								nal information.						
(e) Method of valuation (book, FMV, appraisal, other)								n (b), and any other additio						
(d) Amount of non-cash assistance								ne 2, Part III, columr						
(c) Amount of cash grant								required in Part I, II						
(b) Number of recipients								de the information						
(a) Type of grant or assistance	-	2	8	4	ພາ	9	L	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						7 11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011
01. Officer, directors, etc. family relationship (Part VI	(, line 2)
PAUL AND SANDRA BUTLER ARE MARRIED; BEN AND ANINA BACHRACH ARE MARRIED; NO	BUSINESS
RELATIONSHIPS EXIST.	
02. Members or stockholder classes and rights (Part VI, 1	ine 6)
ALL SEASON SUBSCRIBERS TO THE DEARBORN SYMPHONY CONCERTS ARE MEMBERS	
AM SARBON BODDONIDANO TO THE BANDON STREET, CONCENTS THE THE DATE	
03. Member election for additional members (Part VI, line	a 7a)
MEMBERS ATTENDING THE ANNUAL MEETING ELECT THE BOARD OF TRUSTEES	
04. Governing body decisions (Part VI, line 7b)	
MEMBERS ATTENDING THE ANNUAL MEETING APPROVE THE ANNUAL BUDGET PROPOSED BY	THE BOARD OF
TRUSTEES	
05. Governing body meeting documentation (Part VI, line 8	Ba)
MINUTES ARE KEPT OF BOARD MEETINGS, AND ARE AVAILABLE IN THE DEARBORN SYM	PHONY OFFICE.
06. Form 990 governing body review (Part VI, line 11)	
A DRAFT OF THE 990 FORM AND SCHEDULES IS EMAILED TO ALL MEMBERS OF THE BOX	ARD OF TRUSTEES,
AND DISCUSSED BY EMAIL OR AT A BOARD MEETING IF NECESSARY.	
07. Form 990 availability to public (Part VI, line 18)	
FORM 990 AND RELATED DOCUMENTS ARE KEPT IN THE DEARBORN SYMPHONY OFFICE, A	AND ARE AVAILABLE
UPON REQUEST.	

	_
Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer Identification number
DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011
DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FOND INC	38-3049011
•	
08. Governing documents, etc, available to public (Pa	art VI, line 19)
ALL GOVERNING DOCUMENTS AND PUBLIC RECORDS ARE KEPT IN THE DEARBORN	SYMPHONY OFFICE, OR ON
THE DEARBORN SYMPHONY WEBSITE, AND ARE AVAILABLE UPON REQUEST. THE A	NNUAL FINANCIAL REPORT
WAS PUBLISHED AND DISCUSSED AT OUR ANNUAL MEETING.	
09. General explanation attachment	
FORM 990 PART III, LINE 4D	
SCHOLARSHIP FUND - \$4,450.00	,
YOUTH SOLO ARTIST COMPETITION - \$1,000.00	
CHILDREN'S CONCERT - \$500.00	
	· · · · · · · · · · · · · · · · · · ·

Statement of Program Service Accomplishments

2014 01

Name(s) as shown on return

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC

Your Social Security Number

38-3049011

FORM 990, PART III(A)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$4450

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$4450

PROGRAM SERVICES REVENUE \$0

EXPLANATION

DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR SCHOLARSHIP FUND

	Statem	ent of Pro	gram Servic	e Acco	mplishments	2014 01	
Name(s) as shown on	return					Your Social Security Number	
DEARBORN	ORCHESTRAL	SOCIETY	ENDOWMENT	FUND	INC	38-304901	1

FORM 990, PART III(B)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$1000

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$1000

PROGRAM SERVICES REVENUE \$0

EXPLANATION

DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR YOUTH SOLO ARTIST COMPETITION

Statement of Program Service Accomplishments 2014 01 Your Social Security Number 38-3049011 DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC

FORM 990, PART III(C)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$500
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$500
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

Name(s) as shown on return

DONATION TO DEARBORN ORCHESTRAL SOCIETY FOR CHILDREN'S CONCERT