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# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2015

Department of the Treasury

▶ 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

interna	1110401100	e service	Finishmation about 1 only 350 and its matructions is at www.ms.gov		<del></del>						
A F	or the	2015 calend	ar year, or tax year beginning 06-01, 2015, and end	ling	05-31 ,2016						
В	heck if ap	D Employer identification no									
	ddress ch	nange ,	Doing business as DOSEF		38-3049011						
_	ame char			Room/suite	E Telephone number						
$\overline{}$	ntial return	•	PO BOX 2063		(313)565-2424						
$\overline{}$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		556,357						
	mended r		DEARBORN, MI 48123-2063		G Gross receipts\$						
$\overline{}$	pplication		F Name and address of principal officer		G Closs receipts						
4 ليا	ppiication	i pending	P Name and address of principal officer	H(a) Is this a grou	up return for Yes X No						
	<del></del>			subordinates							
	ax-exemp		501(c)(3)	⊓ If "No."	rdinates included? Yes No attach a list (see instructions)						
		► N/A			ption number •						
	··········		Corporation	61 M State of	f legal domicile MI						
Pa		Summar									
	1	Briefly descr	be the organization's mission or most significant activities TO PROVIDE A PERI	PETUAL BASE	OF SUPPORT FOR						
THE DEARBORN ORCHESTRAL SOCIETY TO ENSURE ITS ARTISTIC AND FINANCIAL STABILITY											
Governance		INCOME F	ROM OUR ENDOWMENT IS DONATED TO THE DEARBORN ORCHESTRAL	SOCIETY TO	SUPPORT PUBLIC						
Ē	}	CONCERTS	, YOUTH SCHOLARSHIPS FOR MUSIC LESSONS AND CONCERTS								
ð	2	Check this b	ox $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of	its net assets							
	3	Number of v	oting members of the governing body (Part VI, line 1a)		3 5						
Se	4	Number of Ir	dependent voting members of the governing body (Part VI, line 1b)		4 5						
į	5	Total numbe	r of individuals employed in calendar year 2015 (Part V, line 2a)		5 0						
Activities &	6	Total numbe	r of volunteers (estimate if necessary)		6						
٩	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7a 0						
	b	Net unrelate	d business taxable income from Form 990-T, line 34		7b 0						
			=======================================	Prior Year	Current Year						
	8	Contribution	s and grants (Part VIII, line 1h)	10	550 6,290						
Revenue		Program ser	0								
			ncome (Part VIII, column (A), lines 3, 4, and of or SEP 1 2 2016	95	460 71,954						
Ş.	11	Other reven	vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 3d) SEP 1 2 2016 Le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0						
	12	Total revenu	e - add lines 8 through 11 (must equal Part Vill, column (A)-line 12)	106,	010 78,244						
•			similar amounts paid (Part IX, column (A), lines 13)(G))EN,		830 24,350						
			to or for members (Part IX, column (A), line 4)		0 21,550						
		-	er compensation, employee benefits (Part IX, column (A), lines 5-10)	<del></del>	0						
es	1	· ·	fundraising fees (Part IX, column (A), line 11e)								
Expenses				<del></del>	<u></u>						
Š				······································							
ш	l	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e) .		20 170						
	1	•	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		850 24,520						
	19	Revenue les	s expenses Subtract line 18 from line 12		160 53,724						
S 0.			<del> </del>	eginning of Current	····						
J IO Net Assets or Fund Balances			(Part X, line 16)	1,034	1,032,568						
Net A	21		es (Part X, line 26)		0						
	22		or fund balances Subtract line 21 from line 20	1,034	1,032,568						
	rt II ]		re Block								
Under	penalties orrect, an	s of pegury, I dec ad complete. Dec	lare that I have examined this retum, including accompanying schedules and statements, and to the best of my kn laration of preparer (other than officer) is based on all information of which preparer has any knowledge	owledge and belief, it	IS						
		a	N Q / /		1 1 1 1 1						
يَرَ Sig	_	13	· P. Backman		9/8/2016						
		Signatu	re of officer		Date						
Her	e		AMIN BACHRACH, TREASURER	<i></i>							
GANN Sai		Type or	print name and title								
Z		Print/Type pr	eparer's name Preparer's sugnature Date	Check X	if PTIN						
Pai	d	Richard	1 Molek 9/7/2016	self-employe	P00554432						
Ete	parer										
Use	Only	Firm's addre	ss > 2143 Clubhouse Rd	Phone no							
	-	-	North Fort Myers FL 33917		9-271-8880						
May	the IRS	S discuss this	return with the preparer shown above? (see instructions) .		X Yes No						
For	Paperw	vork Reduct	on Act Notice, see the separate instructions.		Form <b>990</b> (2015)						

Part IV **Checklist of Required Schedules** 

			$\overline{}$		
	1- the accession to a decombod as a series 504(a)(2) as 4047(a)(4) (athors the constant of second at the 2016 th)(as the	Г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Х	
_	complete Schedule A	•	1 2	X	<del></del> -
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	• -	_		<b></b> -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	İ	,		v
	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)				х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		_		Х
_	Part III	-	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				x
_	"Yes," complete Schedule D, Part I	-	6		<u>├</u> ^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ا ،		· •
_	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	Ì			
	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			7.7	
	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,"				3.5
	complete Schedule D, Part VI	-	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	-	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	İ			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				1
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	-	11d		X
е	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	.	12a		<u> X</u>
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 and XII is optional	·	12b		X
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		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				]
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	-	14b		_X
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	<u> </u>	X
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	ļ	16		X
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
FFA			Form	oon /	20151

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			3.7
	employees? If "Yes," complete Schedule J	23		X
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	04-		v
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
	to defease any tax-exempt bonds?	24c		
d 250	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	25.		Х
<b>.</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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?	254		Х
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	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		х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		x
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_	-	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			į
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			_
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	l . f		
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [3]	. 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		***********
20	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?	20		v
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		<u>X</u> _
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country	a		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(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
С	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 charitable contributions?	6a		Х
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			
	and services provided to the payor?	7a		X
þ	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b> </b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1		
11	Section 501(c)(12) organizations. Enter	1 1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<del></del>
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			
С	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>

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Form 990 (2015)

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC

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

	Check if Schedule O contains a response or note to any line in this Part VI					. X
Sec	tion A. Governing Body and Management					
	• •		r		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	1		
	If there are material differences in voting rights among members of the governing body, or			1		
	if the governing body delegated broad authority to an executive committee or similar			#		
	committee, explain in Schedule O			1		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	5	#		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- 1	ĺ		
	any other officer, director, trustee, or key employee?		1	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct		ļ	ŀ		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		L	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	? .	<u> </u>	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		ļ	5		_X
6	Did the organization have members or stockholders?		ļ	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	•	ļ	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body? .		ļ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
a	The governing body?		ļ	8a	X	
b	Each committee with authority to act on behalf of the governing body?		.	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>.</u>		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de )				
			٦		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		• }	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		-	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					7,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		ŀ	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give no	se to conflicts?	ŀ	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40		
40	describe in Schedule O how this was done		ŀ	12c		V
13	Did the organization have a written whistleblower policy?		-	13		X
14	Did the organization have a written document retention and destruction policy?			14		X
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?		ŀ	45-		v
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization		}	15a		X
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a	with a taxable entity during the year?		j	46-		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		}	16a	:	
Ü	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?			16b		
Sec	tion C. Disclosure	·		100		
17	List the states with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only)				
-	available for public inspection. Indicate how you made these available. Check all that apply	(5,(5,5,5,6))				
	Own website Another's website Upon request Other (explain in Schedule O	)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	•				
•	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords ►				
	BEN BACHRACH (313)565-2424, 21825 MASTERS CIR, ESTERO, FL 33928-6910	•				

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rorm.	990	1201	O)

#### 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)				1			
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average hours per week (list any		box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	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)	compensation from the organization and related organizations
(1) BRENDA LEMECHA	2.00									
PRESIDENT		Х		X					d o	0
(2) SANDRA BUTLER	3.00									
VICE PRESIDENT, ACCT SECRETARY		Х		Х					d o	0
(3) BENJAMIN BACHRACH	4.00									
TREASURER		х		Х					d	o
(A) ANTENIA DAGUDAGU	1.00								1	
DIRECTOR		х							d	o
(E) DAME DITTED	1.00		$\vdash$				_		<del>-</del>	
DIRECTOR		х							d o	0
<u>(6)</u>										
<u>(7)</u>								<del></del>		
<u>(8)</u>										
(9)										
(10)								<del></del>		
<u>(11)</u>								<del></del>		
(12)										
<u>(13)</u>										
(14)										

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Form 990 (2015)

(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	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 ar	npensation from the ganization nd related panization	on ed
5)												
6)												
7)												
8)												
9)												
			-									
21) 												
2)												
3)												
<u></u>										<del>                                     </del>		
25)												
1b Sub-total c Total from continuation sheets to Part VII, Sect	ion A	•	1 _	1	•	•	<b>&gt;</b>					
d Total (add lines 1b and 1c)		ed abo	ve)	who	rece	eived n	nore	than \$100,000 of	0	.1		(
Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule	J for such ind	ıvıdua	1			=	•			3	Yes	X
For any individual listed on line 1a, is the sum of re- organization and related organizations greater that individual	n \$150,000? If	"Yes,	" cor	mple	te S	chedul	e J f	or such		4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"	•		-			-	nızat	on or individual		5		X
Complete this table for your five highest compensation from the organization. Report composes.												
year (A) Name and business addres	s		-					(B) Description of		Com	(C)	on_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Unrelated business revenue Related or exempt function Revenue excluded from tax under sections 512-514 Total revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 1c c Fundraising events 420 Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 5,870 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 6,290 **Business Code** Program Service Revenue 2a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 42,484 42,484 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (II) Other assets other than inventory 507,583 b Less, cost or other basis and sales expenses 478,113 c Gain or (loss) 29,47d d Net gain or (loss) ▶ 29,470 29,47d Other Revenue 8a Gross income from fundraising events (not including \$ 420 of contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses . c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 . . а b Less direct expenses ь c Net income or (loss) from gaming activities  $\blacktriangleright$ 10a Gross sales of inventory, less returns and allowances . **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a d All other revenue . . e Total. Add lines 11a-11d Total revenue. See instructions 78,244 71,954

### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co		zations must complete	column (A)	
	Check if Schedule O contains a response or note to an	ny line in this Part IX	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	24 350	24 250		
2	and domestic governments See Part IV, line 21	24,350	24,350		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
2	Grants and other assistance to foreign				······
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	'a' paleda ' a c
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified	<del></del>			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	<del></del>			
8	Pension plan accruals and contributions (include				<del> </del>
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting .	150		150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .				
13	Office expenses .	20		20	
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	<u> </u>	=		
	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)				
a				<del></del>	
b				·	
С					
d	All of		——————————————————————————————————————		
е	All other expenses			···	-
25 26	Total functional expenses. Add lines 1 through 24e	24,520	24,350	170	. 0
<b>∠</b> 0	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				
	following SOP 98-2 (ASC 958-720)	1			

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC 38-3049011 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 1 1 2 47,672 2 Savings and temporary cash investments 53,960 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net . . 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or 10a other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments - publicly traded securities . 980,221 11 984,896 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets . . . 15 Other assets See Part IV, line 11 . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,034,181 16 1,032,568 Accounts payable and accrued expenses 17 17 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . 25 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets . 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗓 and

30

31

32

33

complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total net assets or fund balances . . .

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

1,032,568

1,032,568

31

32

33

34

1,034,181

1,034,181

1,034,181

	1990 (2015) DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-304903	11	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		78,	244
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,	520
3	Revenue less expenses Subtract line 2 from line 1 .	3		53,	724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	034,	181
5	Net unrealized gains (losses) on investments	. 5		(55,	337)
6	Donated services and use of facilities	6			
7	Investment expenses	7		-	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	032,	568
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			į	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		, ,,,,,,		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		-	į į	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ	[
	the Single Audit Act and OMB Circular A-133?		3a		X
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		3b		1
EEA		-	Form	990 (2	2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

### **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.

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

DEA	RBO	ORN ORCHESTRAL SOCIETY	ENDOWMENT FUN	D INC			38-30490	11							
Pa	rt l	Reason for Public Cha	rity Status (All o	organizations must o	complete	this part	t ) See instruction	ns.							
The	orga	nization is not a private foundation b	ecause it is (For line	es 1 through 11, check on	ly one box	)	•								
1		A church, convention of churches,	or association of chi	irches described in <b>sect</b> i	on 170(b)(1	l)(A)(i).									
2		A school described in section 170	(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ))										
3		A hospital or a cooperative hospital	I service organization	n described in section 17	'0(b)(1)(A)(	iii).									
4		A medical research organization or	perated in conjunction	n with a hospital describe	ed in sectio	n 170(b)(1	)(A)(iii). Enter the								
		hospital's name, city, and state	•	•		• • • • • • • • • • • • • • • • • • • •	,, ,,								
5	П	An organization operated for the be	enefit of a college or	university owned or opera	ated by a go	vernment	al unit described in								
		section 170(b)(1)(A)(iv). (Complete			, 5.										
6	П	A federal, state, or local governme	•	nit described in section 1	70/h\/1\/A	\/\v\									
7	П	An organization that normally recei					m the general nublic								
•	ш	described in section 170(b)(1)(A)(		_	verminentai	unit or iror	ii trie general public								
8															
9	Ш	Commence of the second control of the second													
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
	_	acquired by the organization after				•									
10	_  	An organization organized and ope													
11	X	An organization organized and ope													
		one or more publicly supported org					, ,, ,	Check							
		the box in lines 11a through 11d th					_								
	а	Type I. A supporting organizat						_							
		the supported organization(s) t			ity of the di	ectors or t	rustees of the suppor	ting							
		organization You must comp													
	b	X Type II. A supporting organiza													
		control or management of the			ersons that	control or r	manage the supported	I							
		organization(s) You must cor	nplete Part IV, Sect	ions A and C.											
	C	Type III functionally integrate	ed. A supporting orga	anization operated in coni	nection with	, and func	tionally integrated wit	٦,							
		its supported organization(s) (s	see instructions) Yo	u must complete Part IV	/, Sections	A, D, and	Ε.								
	d	Type III non-functionally inte	grated. A supporting	g organization operated in	connection	n with its si	upported organization	(s)							
		that is not functionally integrate					_								
		requirement (see instructions)													
	е	Check this box if the organizat	ion received a writter	n determination from the I	RS that it is	a Tvoe I.	Type II. Type III								
		functionally integrated, or Type					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	f	Enter the number of supported org							1						
	а	Provide the following information a		rganization(s)			• •								
		i) Name of supported organization		(III) Type of organization	(IV) is the o	manuration	(v) Amount of manatan	(vs) Amount of							
	•	y rame of papertod organization	(1) 2114	(described on lines 1-9		ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see							
				above (see instructions))	docum	ent?	instructions)	instructions)							
					Yes	No									
					163	140	-								
(A)	DEA	RBORN ORCHESTRAL	38-6092467	9	X		24,350		^						
			50 0032407	<u> </u>	A		24,350		0						
(B)															
			<del></del>		<del> </del> -										
(C)															
		-			<del> </del>										
(D)															
45:															
(E)															
					1	" "									
Tota	al	1		<u> </u>	1		24,350		0						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	den / a i abne cappert						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership feas received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .						<u>-</u> -
5	The portion of total contributions by				<u> </u>		1
	each person (other than a		‡		•		1
	governmental unit or publicly		ļ.		1		
	supported organization) included on				Ī		
	line 1 that exceeds 2% of the amount		ŧ				
	shown on line 11, column (f)		[				
6	Public support. Subtract line 5 from line 4				-		
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		•	th, or fifth tax year	as a section 501(c	)(3)	▶□
Sec	tion C. Computation of Public S	<del></del>	<del></del>				
14	Public support percentage for 2015 (line 6,	= =	=	(f))		14	%
15	Public support percentage from 2014 Schee			•		15	%
16a	33 1/3% support test - 2015. If the organiz				1/3% or more, che	ck this	
	box and stop here. The organization qualifi						▶ □
b	33 1/3% support test - 2014. If the organiz				is 33 1/3% or more	<del>)</del> ,	_
	check this box and stop here. The organization				•		▶ □
17a							
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstan	ices" test. The orga	anızatıon qualıfies a	as a publicly suppo	rted	
	organization				•		▶ 🗌
b	10%-facts-and-circumstances test - 2014	-		= :		ine	
	15 is 10% or more, and if the organization in				•		
	Explain in Part VI how the organization mee	ets the "facts-and-	circumstances" tes	st The organization	qualifies as a pub	licly	_
40	- · · ·						▶ ∐
18	Private foundation. If the organization did	not check a box o	n iine 13, 16a, 16b	, 1/a, or 17b, chec	k this box and see		,
	instructions			<u> </u>			<u> </u>

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

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

Sec	ction A. Public Support			<u>^.                                </u>	<u> </u>		········-
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	organization, check this box and stop here			n, or fifth tax year	as a section 501(c	)(3)	. ▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co			f))	•	15	%
16	Public support percentage from 2014 Schedu					16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2015 (line			olumn (f))		17	%
18	Investment income percentage from 2014 Sc	hedule A, Part III,	, line 17			18	%
19a	33 1/3% support tests - 2015. If the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the support tests - 2015, if the organization of the support tests - 2015, if	ation did not chec and <b>stop here.</b> Ti	k the box on line 14 he organization qua	l, and line 15 is me diffes as a publicly	ore than 33 1/3%, supported organiz	and line zation .	. • 🗆
b	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this is	box and <b>stop her</b>	<ul><li>e. The organization</li></ul>	qualifies as a pub	licly supported org	janization	. ▶ □
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction		▶ 🗖
CEA							

#### Part IV Supporting Organizations

(Complete only if you checked a box in 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)

5	Section	A. All	Supporting Or	ganizations

- 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.
- c 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.
- 5a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

		Yes	No
			—
	1	Х	
Ì	2		X
	3a		Х
		<del></del>	<u></u>
	3b		
			<del></del>
	3с		
	4a		Х
	4b		·
		-	
	4c		<del></del>
	-		
	-		
	5a		Х
	5b		
	5c		
	В	L	X
	7		X
	8		Х
i	9a		Х
	9b		
	9с	ļ	
	10a		Х
	10b	<u> </u>	
A (F	orm 99	0 or 990	-EZ) 20°

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Ī		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ī	- 1	
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	[		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	‡		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1	j	X
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Ì		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's	Ī		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	1stru	ction	ıs)
_	The organization satisfied the Activities Test. Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
_	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (			
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	_ #		
_		2a	<u></u>	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	-	
	reasons for the organization's position that its supported organization(s) would have engaged in these	#	-	
-		2b		, <u>.</u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	ļ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	.		
L		3a		<del></del>
D	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 <b>Part VI</b> the role played by the organization in this regard	‡		ĺ
	or its supported organizations: If I it es, it gescribe in Fart vi the role diaved by the organization in this regard.	3D	l	

DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC 38-3049011 Schedule A (Form 990 or 990-EZ) 2015 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	e
nstructions).	

4

5

6

7

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	<u> </u>
Sec	tion D - Distributions		<u> </u>	Current Year
1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	-		
	(reasonable cause required-see instructions)	-		
_3	Excess distributions carryover, if any, to 2015.			, , , , , , , , , , , , , , , , , , , ,
a	+ ''	1	H-1	
b				
<u>C</u>		Hn: 'NH: .mt: 'NH' -'15	·	
	From 2013	-		
	From 2014 .			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	 		
	Applied to 2015 distributable amount			
_ <u>i</u>	Carryover from 2010 not applied (see instructions)	w	· 111 · 1111 · · · · · · · · · · · · ·	
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	·····		
4	Distributions for 2015 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	11-,11-,111-,
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (If amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			2 1 10 100 1000
7	Excess distributions carryover to 2016. Add lines 3 <sub>j</sub>			
	and 4c.			<del>1</del>
	Breakdown of line 7.			
_ <u>a</u>		· · · · · · · · · · · · · · · · · · ·	· '11h' · '' · '', · ''11, '  ******	<del>' 11'114</del>
<u>b</u>	Evenes from 2012			
	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	' - 'HI'' - I' - I I I I
	Excess from 2014  Excess from 2015			
е	EXUESS IIUII ZU IS .	:		

### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ 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
DE <i>I</i>	ARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on 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
Pai	······································	
	Complete If the organization answered "Yes" on 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)	important land area
	Protection of natural habitat  Preservation of a certified his	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	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
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	L
	tax year	ation daming the
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?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
•	>	casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
•	►\$	sinches during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	V()
•	and section 170(h)(4)(B)( $\mu$ )?	Yes 🗍 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	•
	organization's accounting for conservation easements	describes the
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Otl	ner Similar Assets
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	nor ommar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	I halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur-	
	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 bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur-	
	public service, provide the following amounts relating to these items:	ulciance UI
	(i) Revenue included on Form 990, Part VIII, line 1	<b>►</b> ¢
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> 5
2		. P \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1	. • \$
	Assets included in Form 990, Part X	▶ \$

3 Using the organizations acquisition, accessors, and other records, check any of the following that are a significant use of its collection terms (check all that apply)  a	Pa	t III Organizations Maintaining C						ets (continued)
Public exhibition   d   Loan or exchange programs   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII   Value of 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?   Ves   No   No   Part IV    Escrow and Custodial Arrangements.   Ves   No   Part IV    Escrow and Custodial Arrangements.   Ves   No   Part IV    Escrow and Custodial Arrangements.   Ves   No   Ves   Ves   No   Ves   Ves   No   Ves   Ve	3	Using the organization's acquisition, accession, a	ind other records, ch	eck any of the follow	ving that are a	a signific	ant use of its	
Scholarly research   Other		collection items (check all that apply)						
Preservation for future generations   Preservation for future generations   Preservation for future generations   Preservation for future generations   Preservation for future generations collections and explain how they further the organization's exempt purpose in Part   XIII	а	Public exhibition	<b>d</b> 🗌 Loan	or exchange progra	ıms			
Power a description of the organization's collections and explain how they turther the organization's exempt purpose in Part   XII	b	Scholarly research	e 🗌 Othe	r				
Society   Soci	С	Preservation for future generations						
Society   Soci	4	<del>_</del>	ions and explain how	they further the ord	anization's e	xempt p	urpose in Part	
Second by year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be meintained as part of the organization's collection?    Part IV   Eccrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X   Inc. 21	•				,		- <b>-</b>	
Part IV   Escrow and Custodial Arrangements   Part IV   Ine 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   In Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21   In Item	5		eive donations of art	. historical treasures	. or other sim	ıılar		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, 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 essets not included on Form 990, Part X?	-					-		☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, 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?    Separation   International Part XIII   International Part X	Pai			<i>3</i>				
30   Part X   Jine 21	L.:			Form 990, Part	t IV. line 9.	or rec	orted an amou	nt on Form
1		•			, ,	J. 75p		
Included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table.   Amount   It   It   It   It   It   It   It	1a		r other intermediary f	or contributions or o	ther assets n	ot		
			. outer intermedially	0. 00.12.004.01.0 0. 0		•		□ Yes □ No
Additions during the year   1c	h	·	complete the following	no table	•		• •	
C   Beginning balance     1c   1d	U	Tes, explain the arrangement in rail Arrana	complete the lonown	ig table.			Ame	vint
d Additions during the year    Ending belance   Distributions during the year   Tending belance   Ten	_	Reginning halance				10		<del>Zunt</del>
Beginning of year   Fending balance   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Yes   No b   If "Yes," explain the arrangement in Part XIII   Check here if the explanation has been provided on Part XIII   Part V   Endowment Funds.   (a) Current year   (b) Prort year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Two years back   (e) Four years back   (e)			•		•		+	
F. Ending balance   1f		•				-	+	
2a							+	
Part V   Endowment Funds   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the intended uses of the current year end balance   Check has been provided on Part XIII   1,034,181   1,046,307   900,683   787,178   806,781   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   36,653   1,7760   1,7		_	000 Day V Iva 04 I	·	l'al a a a a l			
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-				-	•	☐ fes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fou			eck nere if the explar	lation has been prov	ided on Part	XIII	•	<u></u>
1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Contributions   1,034,181   1,048,307   900,683   787,178   806,781   7,760   36,653   787,178   7,760   36,653   7,760   7,760   36,653   7,760   36,653   7,760   7,760   7,760   7,760   7,760   7,760   7,760   7,760   7,760   7,760   7,760   7,7760   7,760   7,760   7,7760   7,760	Pa		anad "Vaa" an	Farm 000 Davi	+ IV   long   4 /	`		
1a Beginning of year balance		Complete if the organization and						<del>-</del>
b Contributions 6,290 10,550 11,231 7,760 36,653 c Net investment earnings, gains, and losses (25,868) (23,839) 110,417 120,780 (37,210) d Grants or scholarships 24,350 45,830 25,950 19,550 19,026 e Other expenditures for facilities and programs f Administrative expenses 170 20 26 15 20 g End of year balance 990,083 989,168 996,355 896,153 787,178 e Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 85.00 % b Permanent endowment ▶ 15.00 % 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 administered for the organization by (i) unrelated organizations (iii) related organizations listed as required on Schedule R? 3a(ii)   X   X   X   X   X   X   X   X   X	_	_ , , ,			1			<del>                                     </del>
C Net investment earnings, gains, and losses	1a	- · · · ·			<del></del>			
Content of Scholarships   Content of Schol	b	F	6,290	10,550	11	,231	7,760	36,653
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 170 20 26 15 20 g End of year balance 990,083 989,168 996,355 896,153 787,178  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ 85.00 % b Permanent endowment ▶ 15.00 % c Temporanly 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 administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Describe of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  a Land b Buildings c Leasehold improvements d Equipment C Leasehold improvements d Equipment G Other	С					.		
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 990,083 989,168 996,355 896,153 787,178  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment 85.00 % b Permanent endowment 15.00 % c Temporanly restricted endowment		}-		•	1			<del></del>
Programs	d	· · · · · · · · · · · · · · · · · · ·	24,350	45,830	25	,950	19,550	19,026
f Administrative expenses g End of year balance 990,083 989,168 996,355 896,153 787,178  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 85.00 % b Permanent endowment ▶ 15.00 % c Temporanily 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 administered for the organization by (i) unrelated organizations	е	Other expenditures for facilities and						
g End of year balance 990,083 989,168 996,355 896,153 787,178  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment		programs .						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶ 85.00 %  Permanent endowment ▶ 15.00 %  The percentages in lines 2a, 2b, and 2c should equal 100%  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) X (ii) related organizations \$3a(ii) X (iii) related organizations \$3a(iii) X (iii) related organizations \$3a(iii) X (iii) related organizations \$3a(iii) X (iii) related organizations so the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds  Land	f	·						
a Board designated or quasi-endowment ▶	9	,				,355	896,153	787,178
b Permanent endowment	2	Provide the estimated percentage of the current	year end balance (lın	e 1g, column (a)) he	eld as			
Temporanly restricted endowment	а	Board designated or quasi-endowment	85.00 %					
The percentages in lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment) (investment) (other)  Equipment Eq	b	Permanent endowment ► 15.00 %						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organ	C	Temporanly restricted endowment	%					
organization by (i) unrelated organizations (ii) related organizations (iii) x			•					
(ii) unrelated organizations (iii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment)  (other)  4 Description of property  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) Other	3a	Are there endowment funds not in the possession	n of the organization	that are held and ad	Iministered fo	r the		
(ii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  Equipment  (a) Equipment  (b) Cost or other basis (other)  (other)  (other)		organization by						Yes No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (investment)  (b) Cost or other basis (other)  (other)  (other)  (d) Book value  (e) Cost or other basis (other)  (other)		(ı) unrelated organizations						3a(i) X
Describe in Part XIII the intended uses of the organization's endowment funds    Part VI		(ii) related organizations						3a(ii) X
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Buildings  (c) Leasehold improvements  (d) Equipment  (e) Other	b	If "Yes" on 3a(II), are the related organizations lis	ted as required on S	chedule R?				3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (inve	4		anization's endowme	ent funds				
Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (other)  (other)  (d) Book value  (d) Book value  (d) Book value  (e) Equipment  (other)  (b) Cost or other basis (other)  (other)  (d) Book value	Pa	rt VI Land, Buildings, and Equipm	ent.				<del>-</del> -	
College		Complete if the organization and	swered "Yes" on	Form 990, Par	t IV, line 1	1a Se	e Form 990, Pa	art X, line 10.
1a Land   b Buildings   c Leasehold improvements   d Equipment   e Other		Description of property	(a) Cost or othe	r basis (b) Cost o	or other basis	(c)	Accumulated	(d) Book value
b Buildings c Leasehold improvements d Equipment e Other			(investme	nt) (	other)	d	epreciation	
c Leasehold improvements	1a	Land						
d Equipment            e Other	b	Buildings						
d Equipment            e Other	С	Leasehold improvements						
e Other	d	Equipment						· · · · · · · · · · · · · · · · · · ·
	е							· · · · · · · · · · · · · · · · · · ·
	Tota	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X.	column (B), line 10c	)		•	<del></del> .

Page 3

	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book Value	Cost or end-of-year market value	
I) Financial	derivatives			
?) Closely-h	eld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
art VIII	Investments - Program Related			
			art IV, line 11c. See Form 990, Part )	K line 13
				χ, πιο το.
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	
(1)			Source of your market value	
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX	Other Assets.	LW/ " # 000 B		
	Complete if the organization answ	vered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part	X, line 15.
		(a) Description	(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				•
(9)				
otal. (Colum	n (b) must equal Form 990, Part X, col (B) lin	e 15 )		
Part X	Other Liabilities.			
	Complete if the organization answ	vered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990	, Part X,
	line 25.	·	,	
	(a) Description of liability	(b) Book value	11 1177	
(1) Federal	income taxes			
(2)				
(3)			-	
(4)				
(5)			-	
			-	
(6)			_	
(7)			_	
			_	
(8)				
(9)			_	
(9) otal (Column (b	) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		······
(9) otal (Column (b Liability for	r uncertain tax positions. In Part XIII, provide t	he text of the footnote to the organiz	ation's financial statements that reports the	······································

38-3049011

Par	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments . 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII )	
C	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5
Par	rt XII Reconciliation of Expenses per Audited Financial Statement	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses . 2c	
d	Other (Describe in Part XIII ) . 2d	
е	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII )	
С	Add lines 4a and 4b	. 4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5
	rt XIII Supplemental Information.	
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a	
2, Pai	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nai information

SCHEDULE 1 (Form 990)		GOV Complet	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Assistance to individuals in taked "Yes" to Form	Organization the United Sta 990, Part IV, line 21 of	ls, Ites or 22.		OMB No 1545-0047 2015
Department of the Treasury Internal Revenue Service	3	► Information a	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule   (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	Attach to Form 990. 990) and its instructio	ns is at www.irs.gov/	form990.	<b>,</b>	Open to Public Inspection
Name of the organization DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FU	PAL SOCIETY EN	DOWMENT FO					Employer identification number	питрег
Part   General	Information on	General Information on Grants and Assistance	istance				1106405-85	
1 Does the organization	on maintain records to	substantiate the amo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance, the grantees' elig	gibility for the grants or	assistance, and		
the selection criteria  2 Describe in Part IV the	the selection critena used to award the grants or assistance? Describe in Part IV the organization's procedures for moniton	ants or assistance? cedures for monitoring	the selection critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the United States	·			☐ Yes ⊠ No
Part II Grants an 990, Part I	id Other Assistan IV, line 21, for any	recipient that rece	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization any 990, Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV and be duplicated if additional space is needed	mestic Governme 0. Part II can be due	nts. Complete if the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	d "Yes" on Form	
1 (a) Name and address of organization or government	s of organization nent	(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	STRAL SOCIETY					0000		OPERATING
P.O. BOX 2063 DEARBORN, MI 48123	Ę.	38-6092467	501 (C) 3	24,350				EXPENSES, SCHOLARSHIP.
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)		- Andrews - Andr						
(10)								
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	section 501(c)(3) and other organizations li	d government organizated in the line 1 table	ations listed in the line 1 table	able			<b>A A</b>	1
آم ا	Act Notice, see the	Instructions for For	m 990.				So	Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 38-3049011 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2015)

Part III Grants Part IV 7 က 9 EEA

### **SCHEDULE 0** (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 MARRI	ED; NO BUSINESS
RELATIONSHIPS EXIST.	
02. Members or stockholder classes and rights (Part VI, line 6)	
ALL SEASON SUBSCRIBERS TO THE DEARBORN SYMPHONY CONCERTS ARE MEMBERS	
03. Member election for additional members (Part VI, line 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 PROPO	SED BY THE BOARD OF
TRUSTEES	
05. Governing body meeting documentation (Part VI, line 8a)	
MINUTES ARE KEPT OF BOARD MEETINGS, AND ARE AVAILABLE IN THE DEARBOR	N SYMPHONY 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 T	HE BOARD 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 OFF	ICE, AND ARE AVAILABLE
UPON REQUEST.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer Identification number
DEARBORN ORCHESTRAL SOCIETY ENDOWMENT FUND INC	38-3049011
•	
08. Governing documents, etc, available to public (Part VI, line 19)	
ALL GOVERNING DOCUMENTS AND PUBLIC RECORDS ARE KEPT IN THE DEARBORN SYM	PHONY OFFICE, OR ON
THE DEARBORN SYMPHONY WEBSITE, AND ARE AVAILABLE UPON REQUEST. THE ANNUA	AL FINANCIAL REPORT
AND AND AND ALGUARD AT AND AND AND AND AND AND AND AND AND AND	
WAS PUBLISHED AND DISCUSSED AT OUR ANNUAL MEETING.	
09. General explanation attachment	
09. General explanation attachment	
FORM 990 PART III, LINE 4D	
TORT JJU TAKE III, BIND 12	
CHILDREN'S CONCERT - \$500.00	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·

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