

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

AUGUST 31, 2012

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|--|---|
| Prepared for | MS. LINDA LUTZ DETROIT SYMPHONY ORCHESTRA, INC. 3711 WOODWARD AVENUE DETROIT, MI 48201 |
| Prepared by | PLANTE & MORAN, PLLC 2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | <p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY JULY 15, 2013.</p> <p>INCLUDED IS AN EXTRA COPY OF THE RETURN, TO BE ATTACHED TO THE MI LICENSE TO SOLICIT WHEN FILED.</p> |

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **SEP 1, 2011** and ending **AUG 31, 2012**

| | | |
|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <div style="border: 1px solid black; padding: 2px;">DETROIT SYMPHONY ORCHESTRA, INC.</div> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">3711 WOODWARD AVENUE</div> City or town, state or country, and ZIP + 4 <div style="border: 1px solid black; padding: 2px;">DETROIT, MI 48201</div> F Name and address of principal officer: ANNE PARSONS SAME AS C ABOVE | D Employer identification number <div style="border: 1px solid black; padding: 2px;">38-1385132</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">(313) 576-5100</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">33,878,577.</div> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.DSO.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1951 M State of legal domicile: MI | | |

| | | | |
|------------------------------------|-----|--|--|
| Part I Summary | | | |
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE DETROIT SYMPHONY ORCHESTRA IS AN ORCHESTRA THAT IS CELEBRATED AT HOME AND ON THE NATIONAL STAGE | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 90 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 86 |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 549 |
| | 6 | Total number of volunteers (estimate if necessary) | 392 |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 |
| 7b | | Net unrelated business taxable income from Form 990-T, line 34 | -50,176. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 10,819,372. |
| | 9 | Program service revenue (Part VIII, line 2g) | 17,054,099. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,564,509. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,456,501. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 70,413. |
| | 12 | | 25,068,688. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,051,957. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 379,915. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 897,713. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 14,033,437. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 25,465,309. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -9,554,514. |
| | 19 | | -7,887,759. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 92,073,142. |
| | 21 | Total liabilities (Part X, line 26) | 76,684,474. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 15,388,668. |

| | | | | |
|---|--|-------------------------|------|---|
| Part II Signature Block | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| Sign Here | Signature of officer <div style="border: 1px solid black; padding: 2px;">LINDA LUTZ, CHIEF FINANCIAL OFFICER</div> Type or print name and title | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name LYNNE M. HUISMANN | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> PTIN P00053811 |
| | Firm's name ▶ PLANTE & MORAN, PLLC | Firm's EIN ▶ 38-1357951 | | |
| | Firm's address ▶ 2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326 | Phone no. 248-375-7100 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE DETROIT SYMPHONY ORCHESTRA, A LEADER IN THE WORLD OF CLASSICAL MUSIC, EMBRACES AND INSPIRES INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH UNSURPASSED MUSICAL EXPERIENCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,584,065. including grants of \$) (Revenue \$ 2,605,309.)
 CLASSICAL CONCERT SERIES - 22 CONCERT WEEKENDS TOTALING 50 CONCERTS REACHING 57,315 PATRONS HELD AT ORCHESTRA HALL AND 10 CONCERT WEEKENDS TOTALING 26 CONCERTS REACHING 10,323 PATRONS HELD AT 6 VENUES THROUGH OUT SOUTHEAST DETROIT

4b (Code:) (Expenses \$ 4,276,063. including grants of \$) (Revenue \$ 1,692,034.)
 POPS CONCERT SERIES - 11 CONCERT WEEKENDS TOTALING 28 CONCERTS REACHING 37,190 PATRONS

4c (Code:) (Expenses \$ 3,125,430. including grants of \$) (Revenue \$ 1,102,707.)
 RENTALS - 28 EVENTS INCLUDING OUTSIDE FOUNDATION/FUNDRAISING EVENTS, STATE OF THE CITY ADDRESS, LECTURES, ETC. FOR ROUGHLY 25,050 PEOPLE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,540,007. including grants of \$) (Revenue \$ 1,584,664.)

4e Total program service expenses **18,525,565.**

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Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 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 "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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 | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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 | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | 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 | 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 | 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 | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 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 through 24d and complete Schedule K. If "No," go to line 25 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | X | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c 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 | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 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 | | 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | X | |
| Note. All Form 990 filers are required to complete Schedule O | | |

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

| | Yes | No |
|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 122 | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | 549 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the organization make any taxable distributions under section 4966? | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 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 | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 90 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 86 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 Did the organization have members or stockholders? 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? 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? 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? 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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c | X | |
| 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? | | |
| a The organization's CEO, Executive Director, or top management official 15a | X | |
| b Other officers or key employees of the organization 15b | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
DONIELLE HARDY - (313) 576-5140
3711 WOODWARD AVENUE, DETROIT, MI 48201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key 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.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANNE PARSONS PRESIDENT & EXECUTIVE DIRECTOR | 52.00 | X | | X | | | | 379,868. | 0. | 19,284. |
| (2) LARRY LIBERSON MUSICIAN | 35.00 | X | | | | | | 56,616. | 0. | 20,256. |
| (3) SHELLEY HERON MUSICIAN | 35.00 | X | | | | | | 52,729. | 0. | 4,000. |
| (4) STANLEY FRANKEL DIRECTOR & CHAIRMAN OF THE BOARD | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) GLENDA PRICE DIRECTOR & SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) ARTHUR WEISS DIRECTOR & TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LLOYD REUSS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) CLYDE WU DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) PHILLIP WM. FISHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) PENNY BLUMENSTEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) STEPHEN R. D'ARCY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) HERMAN FRANKEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) RALPH GERSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) RONALD HORWITZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) RICHARD KUGHN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) BONNIE LARSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) MELVIN LESTER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ARTHUR LIEBLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) DAVID ROBERT NELSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JAMES NICHOLSON DIRECTOR & CHAIRMAN EMERTIUS | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (21) BRUCE PETERSON DIRECTOR & FIRST VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (22) BERNARD ROBERTSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JACK ROBINSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) ALAN SCHWARTZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) BARBARA VAN DUSEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) ROSETTE AJLUNI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 489,213. | 0. | 43,540. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 809,997. | 0. | 49,947. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,299,210. | 0. | 93,487. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| COLUMBIA ARTISTS MANAGEMENT 165 WEST 57TH STREET, NEW YORK, NY 10019 | ARTISTIC MANAGEMENT CO. | 929,500. |
| PROSKAUER ROSE, LLP 1858 BROADWAY, NEW YORK, NY 10036 | LABOR LAWYER | 372,046. |
| PLANTE & MORAN, PLLC 16060 COLLECTION DRIVE, CHICAGO, IL 60693 | AUDITORS | 126,850. |
| CRSTAGER 6 RYDER COURT, DIX HILLS, NY 11746 | CONSULTANTS - MARKETING | 113,761. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ROBERT ALLESEE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) DANIEL ANGELUCCI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) FLOY BARTHEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) MRS. MANDELL BERMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) JOHN BOLL, SR. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) RICHARD BRODIE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) ROBERT BLUESTEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) GARY COWGER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) PETER CUMMINGS DIRECTOR & CAMPAIGN COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) MAUREEN D'AVANZO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) KAREN DAVIDSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) WALTER DOUGLAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) MARIANNE ENDICOTT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) JENNIFER FISHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) SIDNEY FORBES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) LAURA FOURNIER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) MRS. HAROLD FRANK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) BARBARA FRANKEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) PAUL GANSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) BRIGITTE HARRIS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) GLORIA HEPPNER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) NICHOLAS HOOD III DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (49) RENEE JANOVSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) CHACONA JOHNSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) MICHAEL KEEGAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) THE HON. DAMON J. KEITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (53) HAROLD KULISH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (54) LINDA DRESNER LEVY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (55) RALPH MANDARINO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) ALFRED GLANCY, III DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (57) DAVID MCCAMMON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (58) LOIS MILLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (59) ED MILLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (60) JIM MITCHELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (61) SEAN NEALL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (62) SHARAD JAIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (63) ROBERT PERKINS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (64) WILLIAM PICKARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (65) FLORINE MARK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (66) STEPHEN POLK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (67) MARJORIE SAULSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (68) LOIS L. SHAEVSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (69) MRS. RAY SHAPERO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (70) WEI SHEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (71) JANE SHERMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (72) STEPHEN STROME DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (73) MICHAEL TYSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (74) ANN MARIE UETZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (75) DAVID USHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (76) R. JAMISON WILLIAMS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (77) JOHN E. YOUNG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (78) ISMAEL AHMED DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (79) JANET ANKERS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (80) ELIZABETH BOONE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (81) MARK DAVIDOFF DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (82) DR. HERMAN GRAY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (83) ALLEN GILMOUR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (84) JOEL KELLMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (85) WILLIAM KINGSLEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (86) ARTHUR O'REILLY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|----------------|---------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 1187878. | | | | |
| | d Related organizations | 1d | 1094475. | | | | |
| | e Government grants (contributions) | 1e | 20,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,751,746. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 175,374. | | | | |
| | h Total. Add lines 1a-1f | | | 17,054,099. | | | |
| Program Service Revenue | 2 a TICKET REVENUES | Business Code | 711190 | 5605716. | 5605716. | | |
| | b ORCHESTRA HALL RENTAL | | 531120 | 1236730. | 1102707. | 134,023. | |
| | c TICKET HANDLING FEES | | 711190 | 150,410. | 150,410. | | |
| | d FEE CONCERT/RUNOUT | | 711190 | 10,000. | 10,000. | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 7002856. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 691,247. | | | 691,247. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | 268,546. | | | 268,546. |
| | 8 a Gross income from fundraising events (not including \$ 1,187,878. of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | -292,716. | | | -292,716. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 107,793. | | | 107,793. | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a MISC. OTHER INCOME | | 722320 | 146,705. | 115,881. | 30,824. | | |
| b SUBLEASE REVENUE | | 531120 | 90,158. | | | 90,158. | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 236,863. | | | | |
| 12 Total revenue. See instructions. | | | 25,068,688. | 6984714. | 164,847. | 865,028. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,163,382. | 391,030. | 378,640. | 393,712. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 11,982,167. | 9,824,776. | 1,842,632. | 314,759. |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 1,892,644. | 1,550,228. | 342,416. | |
| 9 Other employee benefits | 1,847,465. | 1,111,037. | 736,428. | |
| 10 Payroll taxes | 1,185,933. | 690,538. | 495,395. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 250,533. | | 250,533. | |
| b Legal | 12,051. | | 12,051. | |
| c Accounting | 135,464. | | 135,464. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 308,534. | | | 308,534. |
| f Investment management fees | 79,175. | | 51,824. | 27,351. |
| g Other | 4,809,585. | 2,561,549. | 2,204,059. | 43,977. |
| 12 Advertising and promotion | 1,256,998. | 1,077,902. | 174,101. | 4,995. |
| 13 Office expenses | 1,280,747. | 102,304. | 1,172,267. | 6,176. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 181,648. | 255. | 181,393. | |
| 17 Travel | 81,749. | 39,173. | 42,576. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,182. | 325. | 1,857. | |
| 20 Interest | 2,305,371. | | 2,305,371. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,834,400. | | 2,834,400. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRODUCTION EXPENSE | 507,660. | 505,767. | 795. | 1,098. |
| b EDUCATION EXPENSE | 379,591. | 364,708. | 14,883. | |
| c CATERING | 307,221. | 232,688. | 62,816. | 11,717. |
| d BAD DEBT EXPENSE | -196,533. | | 118,554. | -315,087. |
| e All other expenses | 348,480. | 73,285. | 174,714. | 100,481. |
| 25 Total functional expenses. Add lines 1 through 24e | 32,956,447. | 18,525,565. | 13,533,169. | 897,713. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 952,214. | 1 | 1,902,572. |
| | 2 Savings and temporary cash investments | 3,210,039. | 2 | 522,518. |
| | 3 Pledges and grants receivable, net | 2,335,292. | 3 | 2,063,267. |
| | 4 Accounts receivable, net | 582,702. | 4 | 262,869. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 88,354. | 8 | 123,110. |
| | 9 Prepaid expenses and deferred charges | 611,497. | 9 | 900,681. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 78,924,471. | | |
| | b Less: accumulated depreciation | 10b 28,525,858. | | |
| | | 53,121,226. | 10c | 50,398,613. |
| | 11 Investments - publicly traded securities | 10,926,789. | 11 | 4,894,864. |
| | 12 Investments - other securities. See Part IV, line 11 | 19,912,091. | 12 | 8,081,941. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 332,938. | 15 | 328,743. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 92,073,142. | 16 | 69,479,178. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,280,385. | 17 | 762,744. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,182,155. | 19 | 3,389,795. |
| | 20 Tax-exempt bond liabilities | 53,910,000. | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 986,848. | 22 | 908,017. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 4,551,832. | 23 | 1,510,800. |
| | 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 | 10,773,254. | 25 | 17,047,258. |
| | 26 Total liabilities. Add lines 17 through 25 | 76,684,474. | 26 | 23,618,614. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 2,933,451. | 27 | 31,667,458. |
| | 28 Temporarily restricted net assets | 10,278,062. | 28 | 12,014,274. |
| | 29 Permanently restricted net assets | 2,177,155. | 29 | 2,178,832. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 15,388,668. | 33 | 45,860,564. |
| | 34 Total liabilities and net assets/fund balances | 92,073,142. | 34 | 69,479,178. |

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,068,688. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,956,447. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -7,887,759. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,388,668. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 38,359,655. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 45,860,564. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 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. | | |

Form 990 (2011)

Part II 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

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 20,880,248. | 14,724,030. | 13,054,087. | 10,819,372. | 17,054,099. | 76,531,836. |
| 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 | 20,880,248. | 14,724,030. | 13,054,087. | 10,819,372. | 17,054,099. | 76,531,836. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 11,630,033. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 64,901,803. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 20,880,248. | 14,724,030. | 13,054,087. | 10,819,372. | 17,054,099. | 76,531,836. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,422,584. | 986,985. | 704,144. | 881,194. | 691,247. | 4,686,154. |
| 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 IV.) | 99,645. | 40,903. | 82,554. | 96,431. | 90,158. | 409,691. |
| 11 Total support. Add lines 7 through 10 | | | | | | 81,627,681. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 39,350,318. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 79.51 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 72.29 % |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SUBLEASE REVENUE

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

| | |
|----------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| DETROIT SYMPHONY ORCHESTRA, INC. | 38-1385132 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | | \$ <u>494,726.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>2</u> | | \$ <u>781,546.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>3</u> | | \$ <u>580,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>4</u> | | \$ <u>412,450.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>5</u> | | \$ <u>902,248.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>6</u> | | \$ <u>511,744.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|---|---|
| Name of organization DETROIT SYMPHONY ORCHESTRA, INC. | Employer identification number 38-1385132 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>7</u> | | \$ <u>900,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|----------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| DETROIT SYMPHONY ORCHESTRA, INC. | 38-1385132 |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

| | |
|----------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| DETROIT SYMPHONY ORCHESTRA, INC. | 38-1385132 |

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| 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 organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 39,354,671. | 43,834,959. | 49,513,943. | 66,622,622. | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 1,311,404. | 3,452,488. | 3,282,839. | -7,538,731. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 22,317,560. | 7,786,477. | 8,777,252. | 9,426,496. | |
| f Administrative expenses | 33,434. | 146,299. | 184,571. | 143,452. | |
| g End of year balance | 18,315,081. | 39,354,671. | 43,834,959. | 49,513,943. | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 15.00 %
 b Permanent endowment ☒ 38.00 %
 c Temporarily restricted endowment ☒ 47.00 %

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
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | X | |
| 3b | X | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 517,954. | | 517,954. |
| b Buildings | | 73,861,949. | 25,825,252. | 48,036,697. |
| c Leasehold improvements | | | | |
| d Equipment | | 2,579,523. | 2,152,764. | 426,759. |
| e Other | | 1,965,045. | 547,842. | 1,417,203. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 50,398,613. |

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) WELLS FARGO MMF | 1,592,365. | END-OF-YEAR MARKET VALUE |
| (B) TANNAHILL TRUST | 6,489,203. | END-OF-YEAR MARKET VALUE |
| (C) FORD CREDIT INTEREST ADV | 373. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 8,081,941. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) PENSION COST MUSICIANS | 14,157,179. |
| (3) PENSION COST FOR NON MUSICIANS | 2,889,799. |
| (4) ACCRUED STAFF DC PLAN | 280. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 17,047,258. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|--|
| 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: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| 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 | |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO PROVIDE ONGOING SUPPORT FOR THE DETROIT SYMPHONY

ORCHESTRA.

PART X, LINE 2: THE DSO AND OPRP ARE EXEMPT FROM FEDERAL TAXES ON

INCOME UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

Part XIV Supplemental Information (continued)

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS
ANALYZED THE TAX POSITIONS TAKEN BY THE DSO, AND HAS CONCLUDED THAT AS OF
AUGUST 21, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE
TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE
CONSOLIDATED FINANCIAL STATEMENTS. THE DSO IS SUBJECT TO ROUTINE AUDITS
BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY
TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO AUGUST 31, 2008.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number
38-1385132

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|--------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| ARTSMARKETING - 260 KING ST. EAST, STE 500, TORONTO, | TELEFUNDING VENDOR | | X | 476,928. | 258,014. | 218,914. |
| NPO DIRECT MARKETING - 14150 PARK EAST CIRCLE, STE 280, | TELEFUNDING VENDOR | | X | 229,956. | 50,520. | 179,437. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | 706,884. | 308,534. | 398,351. |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MI, FL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | (a) Event #1 HEROS GALA (event type) | (b) Event #2 KID ROCK CONCERT (event type) | (c) Other events 4 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|--|--|
| | Revenue | | | |
| 1 Gross receipts | 622,840. | 669,875. | 192,043. | 1,484,758. |
| 2 Less: Charitable contributions | 517,110. | 525,875. | 144,893. | 1,187,878. |
| 3 Gross income (line 1 minus line 2) | 105,730. | 144,000. | 47,150. | 296,880. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 115,213. | 394,770. | 79,613. | 589,596. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (589,596.) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -292,716. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|---|
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ARTSMARKETING

(I) ADDRESS OF FUNDRAISER:

260 KING ST. EAST, STE 500, TORONTO, CANADA M5A 4L5

(I) NAME OF FUNDRAISER: NPO DIRECT MARKETING

(I) ADDRESS OF FUNDRAISER:

14150 PARK EAST CIRCLE, STE 280, CHANTILLY, VA 20151

Part IV Supplemental Information (continued)

SCHEDULE G, PART I:

THE DETROIT SYMPHONY ORCHESTRA, INC. HAS RETAINED TELEFUNDING FIRMS, ARTSMARKETING AND NPO DIRECT MARKETING. BOTH FIRMS CONDUCT SUBSCRIPTION TELEMARKETING AND TELEFUNDING CAMPAIGNS. AMS IS THE AGENCY FOR ALL CALLS RELATED TO SUBSCRIPTION SALES AND DONATIONS. NPO IS THE AGENCY FOR ALL MAILINGS RELATED TO SUBSCRIPTION SALES AND DONATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

38-1385132

DETROIT SYMPHONY ORCHESTRA, INC.

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 ANNE PARSONS | (i) 265,864. | 0. | 114,004. | 935. | 18,349. | 399,152. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 PATRICIA WALKER | (i) 177,410. | 0. | 2,223. | 1,869. | 6,571. | 188,073. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 PAUL HOGLÉ | (i) 211,000. | 0. | 449. | 2,233. | 20,343. | 234,025. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 ROZANNE KOKKO | (i) 164,435. | 0. | 1,088. | 1,713. | 6,874. | 174,110. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | (i) | | | | | | |
| | (ii) | | | | | | |
| 6 | (i) | | | | | | |
| | (ii) | | | | | | |
| 7 | (i) | | | | | | |
| | (ii) | | | | | | |
| 8 | (i) | | | | | | |
| | (ii) | | | | | | |
| 9 | (i) | | | | | | |
| | (ii) | | | | | | |
| 10 | (i) | | | | | | |
| | (ii) | | | | | | |
| 11 | (i) | | | | | | |
| | (ii) | | | | | | |
| 12 | (i) | | | | | | |
| | (ii) | | | | | | |
| 13 | (i) | | | | | | |
| | (ii) | | | | | | |
| 14 | (i) | | | | | | |
| | (ii) | | | | | | |
| 15 | (i) | | | | | | |
| | (ii) | | | | | | |
| 16 | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: HOUSING AND SOCIAL CLUB DUES ARE FURNISHED TO THE PRESIDENT. INCLUDED IN OTHER COMPENSATION ARE THE FOLLOWING: HOUSING, PENSION AND SOCIAL CLUB DUES ARE ALL FURNISHED TO THE PRESIDENT UNDER AN EMPLOYMENT CONTRACT. NON-CASH HOUSING IS PROVIDED BY THE FROLICH TRUST AND IS INCLUDED IN TAXABLE COMPENSATION. AN ADDITIONAL PAYMENT IN LIEU OF PENSION CONTRIBUTION IS ALSO PROVIDED AND INCLUDED IN TAXABLE COMPENSATION. THE SOCIAL CLUB DUES ARE NOT INCLUDED IN TAXABLE COMPENSATION; ANY PERSONAL CHARGES INCURRED ARE REIMBURSED BY THE PRESIDENT TO THE DETROIT SYMPHONY ORCHESTRA, INC.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number
38-1385132

| | |
|---------------|--|
| Part I | Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). |
|---------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

| | |
|---------|--|
| Part II | Loans to and/or From Interested Persons. |
|---------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| Complete if the organization answered "Yes" on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 30a. | | | | | | | | | | |
|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
| | To | From | | | Yes | No | Yes | No | Yes | No |
| BARTHEL CONSTRUCT | X | | 1,670,237. | 908,017. | | X | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total | | | | 908,017. | | | | | | |

| | |
|-----------------|--|
| Part III | Grants or Assistance Benefiting Interested Persons. |
|-----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 10 | 181,640. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (..... | | | | |
| 26 Other ► (..... | | | | |
| 27 Other ► (..... | | | | |
| 28 Other ► (..... | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

| | | |
|-----|--|---|
| | | |
| 30a | | X |
| 31 | | X |
| 32a | | X |
| | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE VITALITY OF ITS PERFORMANCES, PRESENTATIONS AND EDUCATION
PROGRAMS. THE DSO IS COMMITTED TO PRESERVING AND ATTRACTING
EXCEPTIONAL TALENT ON THE STAGE, IN THE BOARD ROOM, AND AROUND THE
OFFICE. A VIABLE, VITAL, AND VIGOROUSLY CELEBRATED ORCHESTRA, IN
COMBINATION WITH A CORPORATE CULTURE DEDICATED TO INSTITUTIONAL
EXCELLENCE, SOUND BUSINESS PRACTICES, AND RELATIONAL INTEGRITY, WILL
ENABLE THE DSO TO SUCCEED AND FLOURISH. THE DSO WILL BECOME MICHIGAN'S
MOST EXPORTABLE CULTURAL ASSET - WITH OVER 100 CONCERTS AND
PRESENTATIONS OFFERED IN THE MAX M. FISHER MUSIC CENTER, 24 NEW
SUBSCRIPTION CONCERTS IN NEIGHBORHOOD VENUES ACROSS SOUTHEASTERN
MICHIGAN, WEEKLY LIVE FROM ORCHESTRA HALL WEBCASTS, RADIO BROADCASTS IN
PARTNERSHIP WITH OUR BROADCAST COLLEAGUES, THREE WEEKS OF FREE CONCERTS
IN, AROUND, AND IN PARTNERSHIP WITH THE COMMUNITY, AND OUR NEW DIGITAL
DISTRIBUTION SUITE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIALS, HOLIDAYS AND SUMMER CONCERTS - A VARIETY OF CONCERT EVENTS
INCLUDING WORLD MUSIC SERIES REACHING OVER 19,260 PATRONS
EXPENSES \$ 2,484,484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 952,284.

EDUCATION AND YOUTH CONCERTS - 18 EVENTS DESIGNED FOR YOUTH AND SCHOOL
CHILDREN INCLUDING A FLORIDA TOUR REACHING NEARLY 17,630 YOUNG ADULTS
EXPENSES \$ 823,279. INCLUDING GRANTS OF \$ 0. REVENUE \$ 325,771.

JAZZ CONCERT SERIES - 7 CONCERTS REACHING 6,312 PATRONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

| | | | |
|--------------------------|----------------------------------|--------------------------------|------------|
| Name of the organization | DETROIT SYMPHONY ORCHESTRA, INC. | Employer identification number | 38-1385132 |
|--------------------------|----------------------------------|--------------------------------|------------|

EXPENSES \$ 623,123. INCLUDING GRANTS OF \$ 0. REVENUE \$ 246,569.

THE DSO ORGANIZED A PATRON TOUR OF THE LYON FRANCE ORCHESTRA WITH THE
PURPOSE OF BUILDING A STRONG RELATIONSHIP BETWEEN THE TWO SYMPHONIES.

EXPENSES \$ 151,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 60,040.

BROADCAST

EXPENSES \$ 457,389. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: RALPH GERSON AND KAREN DAVIDSON
HAVE A FAMILY RELATIONSHIP; MEL LESTER AND HAROLD KULISH HAVE A FAMILY
RELATIONSHIP; PETER CUMMINGS AND JANE SHERMAN HAVE A FAMILY RELATIONSHIP;
ALAN SCHWARTZ AND JEAN SHAPERO HAVE A FAMILY RELATIONSHIP; PHILLIP FISHER
AND PETER CUMMINGS HAVE A FAMILY RELATIONSHIP; PHILLIP FISHER AND JANE
SHERMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A: THE DETROIT SYMPHONY ORCHESTRA,
INC. HAS MEMBERS WHO MAY VOTE ON MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE FINANCE STAFF REVIEW
THE FORM 990 PRIOR TO FILING. THE RETURN IS THEN PROVIDED TO THE AUDIT
COMMITTEE FOR REVIEW. ANNE PARSONS, PRESIDENT AND CEO; LINDA LUTZ, CHIEF
FINANCIAL OFFICER; PAUL HOGLE, EXECUTIVE VICE PRESIDENT; PATRICIA WALKER,
COO; DONIELLE HARDY, CONTROLLER; RALPH MANDARINO, AUDIT COMMITTEE, RONALD
HORWITZ, AUDIT COMMITTEE; STEPHEN POLK, AUDIT COMMITTEE; AND MARK DAVIDOFF,
AUDIT COMMITTEE. COPIES OF THE 990 ARE ALSO SENT TO ALL BOARD MEMBERS FOR
REVIEW BEFORE FILING.

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL FORMS ARE REVIEWED BY STAFF, ANY ISSUES ARE TAKEN TO AUDIT COMMITTEE FOR REVIEW AND RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION (FOR CEO AND MUSIC DIRECTOR) IS DETERMINED BY THE CHAIRMAN AND OFFICERS OF THE BOARD OF DIRECTORS, AND REVIEWED BY THE HR COMMITTEE OF THE BOARD OF DIRECTORS. COMPARABLE DATA GATHERED BY THE LEAGUE OF AMERICAN ORCHESTRAS IS USED IN DETERMINING THESE SALARIES. SALARIES OF OTHER OFFICERS ARE DETERMINED BY THE CEO IN CONSULTATION WITH THE DIRECTOR OF HUMAN RESOURCES, AND IS SET USING COMPARABLE DATA GATHERED BY THE LEAGUE OF AMERICAN ORCHESTRAS. INDIVIDUAL SALARIES MAY OR MAY NOT BE REVIEWED BY THE HR COMMITTEE OF THE BOARD OF DIRECTORS. HOWEVER, COMPENSATION POLICY IS ESTABLISHED AND REVIEWED BY THE HR COMMITTEE OF THE BOARD. DATES OF THE LAST COMPENSATION APPROVAL PROCESS FOR OTHER EXECUTIVES RANGED FROM SEPTEMBER 2009 THROUGH AUGUST 2012.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE ONLY PROVIDED TO BOARD MEMBERS, GRANTS, FOUNDATIONS, CORPORATIONS, AND DONORS OF \$2,500 OR GREATER AFTER A REVIEW OF THE FORMAL REQUEST BY MANAGEMENT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

| | |
|---------------------------------------|-------------|
| NET UNREALIZED LOSSES ON INVESTMENTS: | -1,392. |
| INVESTMENT EXPENSES: | 1,598,982. |
| PENSION EXPENSE | -6,784,127. |
| GAIN ON EARLY EXTINGUISHMENT OF DEBT | 43,546,192. |
| TOTAL TO FORM 990, PART XI, LINE 5 | 38,359,655. |

FORM 990, PART XII, LINE 2C:

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF AUDIT. THIS PROCESS
HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII:

HOURS SPENT ON RELATED ORGANIZATIONS:

THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFFICERS,
TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES TO RELATED
ORGANIZATIONS:

ANNE PARSONS - 8 HOURS

STANLEY FRANKEL - 1 HOUR

BRUCE PETERSON - 1 HOUR

GLEND A PRICE - 1 HOUR

ARTHUR A. WEISS - 1 HOUR

PHILLIP FISHER - 1 HOUR

FORM 990, PART VII:

COMPENSATION:

LARRY LIBERSON AND SHELLEY HERON ARE COMPENSATED FOR THEIR ROLES AS
MUSICIANS, NOT AS DIRECTORS. ANNE PARSONS IS COMPENSATED FOR HER ROLE
AS PRESIDENT AND EXECUTIVE DIRECTOR, NOT AS DIRECTOR.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

▲ See separate instructions.

2011

Open to Public Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Part II
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ORCHESTRA PLACE RENEWAL PARTNERSHIP - 38-3277549, 3711 WOODWARD AVENUE, DETROIT, MI 48201 | RENTAL OF PARKING DECK AND BUILDING IN AN EMPOWERMENT ZONE | MICHIGAN | 501(C)(3) | 11A | DETROIT SYMPHONY ORCHESTRA, INC. | X | |
| DSO ENDOWMENT TRUST FUND - 23-7269970 611 WOODWARD AVENUE DETROIT, MI 48226 | INVESTMENT ACTIVITIES TO SUPPORT THE DETROIT SYMPHONY ORCHESTRA, INC. | MICHIGAN | 501(C)(3) | 11A | DETROIT SYMPHONY ORCHESTRA, INC. | X | |
| DSO ENDOWMENT TRUST FUND II - 38-2609947 611 WOODWARD AVENUE DETROIT, MI 48226 | INVESTMENT ACTIVITIES TO SUPPORT THE DETROIT SYMPHONY ORCHESTRA, INC. | MICHIGAN | 501(C)(3) | 11A | DETROIT SYMPHONY ORCHESTRA, INC. | X | |
| THE EDWARD P FROHLICH DETROIT SYMPHONY ORCHESTRA HALL FOUNDATION - 20-131385, 20480 VERNIER ROAD, HARPER WOODS, MI 48225 | TO PROVIDE HOUSING FOR THE PRESIDENT OF THE DETROIT SYMPHONY ORCHESTRA | MICHIGAN | 501(C)(3) | 11C | N/A | | X |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|---|
| (1) ORCHESTRA PLACE RENEWAL PARTNERSHIP | J | 378,073. | CASH TRANSACTION |
| (2) ORCHESTRA PLACE RENEWAL PARTNERSHIP | C | 781,546. | CASH TRANSACTION |
| (3) DETROIT SYMPHONY ORCHESTRA ENDOWMENT I | C | 192,405. | CASH TRANSACTION |
| (4) DETROIT SYMPHONY ORCHESTRA ENDOWMENT II | C | 120,524. | CASH TRANSACTION |
| (5) | | | |
| (6) | 47 | | |

| | |
|-----------------|---------------------------------|
| Part VII | Supplemental Information |
|-----------------|---------------------------------|

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).