

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **SEP 1, 2010** and ending **AUG 31, 2011**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

DETROIT SYMPHONY ORCHESTRA, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3711 WOODWARD AVENUE

City or town, state or country, and ZIP + 4
DETROIT, MI 48201

F Name and address of principal officer: **ANNE PARSONS**
SAME AS C ABOVE

D Employer identification number

38-1385132

E Telephone number
(313) 576-5100

G Gross receipts \$ **53,589,634.**

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.DETROITSYMPHONY.COM**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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)	79
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	463
	6	Total number of volunteers (estimate if necessary)	410
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	-185,090.
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,054,087.
	9	Program service revenue (Part VIII, line 2g)	8,653,725.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	349,403.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,209.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,223,424.
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)	20,920,347.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	58,946.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,852,854.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,045,745.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,025,038.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-15,801,614.
	20	Total assets (Part X, line 16)	99,791,643.
	21	Total liabilities (Part X, line 26)	78,604,640.
22	Net assets or fund balances. Subtract line 21 from line 20	21,187,003.	

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	Date
	ROZANNE KOKKO, CFBO Type or print name and title	7/31/12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	LYNNE M. HUISMANN	Lynne M. Huismann
	Firm's name	Firm's EIN
	PLANTE & MORAN, PLLC	
	Firm's address	Phone no.
	2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326	248-375-7100

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

Part III Statement of Program Service Accomplishments

Check 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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 5,638,119. including grants of \$) (Revenue \$ 265,814.)
CLASSICAL CONCERT SERIES - 7 CONCERT WEEKENDS TOTALING 17 CONCERTS
REACHING 26,147 PATRONS

4b (Code:) (Expenses \$ 2,312,949. including grants of \$) (Revenue \$ 693,607.)
SPECIALS, HOLIDAYS AND SUMMER CONCERTS - A VARIETY OF CONCERT EVENTS
INCLUDING WORLD MUSIC SERIES REACHING OVER 8,910 PATRONS

4c (Code:) (Expenses \$ 2,296,335. including grants of \$) (Revenue \$ 874,337.)
RENTALS - 17 EVENTS INCLUDING OUTSIDE FOUNDATION/FUNDRAISING EVENTS,
STATE OF THE CITY ADDRESS, LECTURES, ETC. FOR ROUGHLY 15,997 PEOPLE.

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

(Expenses \$ 3,357,788. including grants of \$) (Revenue \$ 474,304.)

4e Total program service expenses 13,605,191.

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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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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 term, permanent, 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, and program service activities outside the United States? 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 hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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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 governments and organizations 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 a grant selection committee member, or to a person related to such an individual? 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	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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

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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	131		
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	463		
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			
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			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
c Enter the amount of reserves on hand			
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			

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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
b Enter the number of voting members included in line 1a, above, who are independent	1b	79
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 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.

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 (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			
ANNE H. PARSONS PRESIDENT & EXEC. DIRECTOR	60.00	X		X				303,813.	0.	59,778.
ROSETTE AJLUNI DIRECTOR	1.00	X						0.	0.	0.
ROBERT ALLESEE DIRECTOR	1.00	X						0.	0.	0.
DANIEL ANGELUCCI DIRECTOR	1.00	X						0.	0.	0.
FLOY BARTHEL DIRECTOR	1.00	X						0.	0.	0.
MADELEINE H. BERMAN DIRECTOR	1.00	X						0.	0.	0.
PENNY BLUMENSTEIN DIRECTOR	1.00	X						0.	0.	0.
JOHN A. BOLL, SR. DIRECTOR	1.00	X						0.	0.	0.
RICHARD A. BRODIE DIRECTOR	1.00	X						0.	0.	0.
LYNNE CARTER DIRECTOR	1.00	X						0.	0.	0.
CAROLINE COADE MUSICIAN AND DIRECTOR	35.00	X						27,908.	0.	2,933.
GARY L. COWGER DIRECTOR	1.00	X						0.	0.	0.
PETER D. CUMMINGS DIRECTOR & CAMPAIGN COMMITTEE	1.00	X						0.	0.	0.
MAUREEN T. D'AVANZO DIRECTOR	1.00	X						0.	0.	0.
KAREN DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
WALTER E. DOUGLAS DIRECTOR	1.00	X						0.	0.	0.
MARIANNE ENDICOTT 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 (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			
JENNIFER FISHER DIRECTOR	1.00	X						0.	0.	0.
SIDNEY FORBES DIRECTOR	1.00	X						0.	0.	0.
LAURA L. FOURNIER DIRECTOR	1.00	X						0.	0.	0.
MRS. HAROLD FRANK DIRECTOR	1.00	X						0.	0.	0.
BARBARA FRANKEL DIRECTOR	1.00	X						0.	0.	0.
HERMAN FRANKEL DIRECTOR	1.00	X						0.	0.	0.
STANLEY FRANKEL DIRECTOR AND CHAIRMAN	1.00	X		X				0.	0.	0.
PAUL GANSON DIRECTOR	1.00	X						0.	0.	0.
RALPH J. GERSON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								331,721.	0.	62,711.
c Total from continuation sheets to Part VII, Section A								752,680.	0.	43,713.
d Total (add lines 1b and 1c)								1,084,401.	0.	106,424.

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

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

	Yes	No
3		X
4	X	
5		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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) 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.
ARTSMARKETING, 260 KING STREET EAST, SUITE 500, TORONTO, ONTARIO, CANADA M5	PROFESSIONAL FUNDRAISER	311,821.
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 in compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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			
ALFRED R. GLANCY, III DIRECTOR & CHAIRMAN EMERTIUS	1.00	X		X				0.	0.	0.
BRIGITTE HARRIS DIRECTOR	1.00	X						0.	0.	0.
GLORIA HEPPNER DIRECTOR	1.00	X						0.	0.	0.
PAUL M. HUXLEY DIRECTOR & FIRST VICE CHAIR	1.00	X		X				0.	0.	0.
ARTHUR L. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
DAMON J. KEITH DIRECTOR	1.00	X						0.	0.	0.
RICHARD P. KUGHN DIRECTOR	1.00	X						0.	0.	0.
HAROLD KULISH DIRECTOR	1.00	X						0.	0.	0.
MELVIN A. LESTER DIRECTOR	1.00	X						0.	0.	0.
ARTHUR C. LIEBLER DIRECTOR	1.00	X						0.	0.	0.
RALPH J. MANDARINO DIRECTOR	1.00	X						0.	0.	0.
MERVYN H. MANNING DIRECTOR	1.00	X						0.	0.	0.
DAVID N. MCCAMMON DIRECTOR	1.00	X						0.	0.	0.
LOIS A. MILLER DIRECTOR	1.00	X						0.	0.	0.
JIM MITCHELL DIRECTOR	1.00	X						0.	0.	0.
SEAN M. NEALL DIRECTOR	1.00	X						0.	0.	0.
JAMES B. NICHOLSON DIRECTOR & CHAIRMAN EMERTIUS	1.00	X		X				0.	0.	0.
ROBERT E.L. PERKINS DIRECTOR	1.00	X						0.	0.	0.
BRUCE D. PETERSON DIRECTOR	1.00	X						0.	0.	0.
WILLIAM F. PICKARD 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			
MARILYN PINCUS DIRECTOR	1.00	X						0.	0.	0.
STEPHEN POLK DIRECTOR	1.00	X						0.	0.	0.
GLENDA D. PRICE DIRECTOR AND SECRETARY	1.00	X		X				0.	0.	0.
LLOYD E. REUSS DIRECTOR	1.00	X						0.	0.	0.
BERNARD I. ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
JACK A. ROBINSON DIRECTOR	1.00	X						0.	0.	0.
MARJORIE S. SAULSON DIRECTOR	1.00	X						0.	0.	0.
ALAN E. SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
JEAN SHAPERO DIRECTOR	1.00	X						0.	0.	0.
JANE SHERMAN DIRECTOR	1.00	X						0.	0.	0.
STEPHEN STROME DIRECTOR	1.00	X						0.	0.	0.
MICHAEL R. TYSON DIRECTOR	1.00	X						0.	0.	0.
DAVID USHER DIRECTOR	1.00	X						0.	0.	0.
BARBARA VAN DUSEN DIRECTOR	1.00	X						0.	0.	0.
ARTHUR A. WEISS DIRECTOR AND TREASURER	1.00	X		X				0.	0.	0.
R. JAMISON WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
CLYDE WU DIRECTOR	1.00	X						0.	0.	0.
JOHN E. YOUNG DIRECTOR	1.00	X						0.	0.	0.
NICHOLAS HOOD III DIRECTOR	1.00	X						0.	0.	0.
RENEE JANOVSKY 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			
MICHAEL J. KEEGAN DIRECTOR	1.00	X						0.	0.	0.
BONNIE LARSON DIRECTOR	1.00	X						0.	0.	0.
DAVID ROBERT NELSON DIRECTOR	1.00	X						0.	0.	0.
LOIS SHAEVSKY DIRECTOR	1.00	X						0.	0.	0.
ANN MARIE UETZ DIRECTOR	1.00	X						0.	0.	0.
JAY NOREN DIRECTOR	1.00	X						0.	0.	0.
WEI SHEN DIRECTOR	1.00	X						0.	0.	0.
MARLIES CASTAING DIRECTOR & SECOND VICE CHAIR	1.00	X		X				0.	0.	0.
PHILLIP WM. FISHER DIRECTOR	1.00	X						0.	0.	0.
STEPHEN R. D'ARCY DIRECTOR	1.00	X						0.	0.	0.
RONALD HORWITZ DIRECTOR	1.00	X						0.	0.	0.
CHACONA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
LINDA DRESNER LEVY DIRECTOR	1.00	X						0.	0.	0.
ED MILLER DIRECTOR	1.00	X						0.	0.	0.
SHELLEY HERON MUSICIAN AND DIRECTOR	35.00	X						29,349.	0.	1,881.
ISMAEL AHMED DIRECTOR	1.00	X						0.	0.	0.
JANET ANKERS DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH BOONE DIRECTOR	1.00	X						0.	0.	0.
MARK DAVIDOFF DIRECTOR	1.00	X						0.	0.	0.
DR. HERMAN GRAY 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	115,273.			
	d	Related organizations	1d	151,432.			
	e	Government grants (contributions)	1e	20,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	916,972.			
	g	Noncash contributions included in lines 1a-1f: \$		191,350.			
	h	Total. Add lines 1a-1f		10,819,372.			
Program Service Revenue	2 a	TICKET REVENUES	Business Code 711190	1520042.	1520042.		
	b	ORCHESTRA HALL RENTAL	531120	874,305.	634,442.	239,863.	
	c	MISC. OTHER INCOME	722320	96,671.	80,087.	16,584.	
	d	TICKET HANDLING FEES	711190	73,491.	73,491.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		256,450.			
	3	Investment income (including dividends, interest, and other similar amounts)		881,194.			881,194.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	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 39,111,539.				
	b	Less: cost or other basis and sales expenses	37,536,232.				
	c	Gain or (loss)	1,575,307.				
	d	Net gain or (loss)		157,530.			1,575,307.
	8 a	Gross income from fundraising events (not including \$ 115,273. of contributions reported on line 1c). See Part IV, line 18	a 9,625.				
	b	Less: direct expenses	b 45,832.				
	c	Net income or (loss) from fundraising events		-36,207.			-36,207.
	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 106,964.				
	b	Less: cost of goods sold	b 96,775.				
	c	Net income or (loss) from sales of inventory		10,189.		2,240.	7,949.
	Miscellaneous Revenue			Business Code			
	11 a	SUBLEASE REVENUE	531120	96,431.			96,431.
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d		96,431.				
12	Total revenue. See instructions.		15,910,795.	230,806.	258,687.	2,524,674.	

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).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	939,205.	263,370.	465,375.	210,460.
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	6,517,695.	5,137,071.	925,818.	454,806.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,565,016.	1,323,236.	241,780.	
9 Other employee benefits	1,394,064.	777,110.	616,954.	
10 Payroll taxes	635,977.	288,586.	347,391.	
11 Fees for services (non-employees):				
a Management				
b Legal	535,271.		535,271.	
c Accounting	122,850.		122,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	379,915.			379,915.
f Investment management fees	12,505.			12,505.
g Other	4,080,492.	1,465,084.	87,282.	2,528,126.
12 Advertising and promotion	832,779.	692,449.	120,232.	20,098.
13 Office expenses	1,150,574.	72,949.	1,033,412.	44,213.
14 Information technology				
15 Royalties				
16 Occupancy	236,348.		236,348.	
17 Travel	20,296.	148.	17,064.	3,084.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,437.	937.	2,500.	
20 Interest	2,576,835.		2,576,835.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,910,432.	2,841,446.	68,986.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BAD DEBT EXPENSE	270,432.	40,483.	82,734.	147,215.
b PRODUCTION EXPENSE	247,869.	247,653.	216.	
c EDUCATION EXPENSE	216,573.	216,205.	368.	
d CATERING	199,735.	186,373.	400.	12,962.
e DUES AND SUBSCRIPTIONS	61,409.		59,939.	1,470.
f All other expenses	555,600.	52,091.	465,509.	38,000.
25 Total functional expenses. Add lines 1 through 24f	25,465,309.	13,605,191.	8,007,264.	3,852,854.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	470,294.	1	952,214.
	2 Savings and temporary cash investments		2	3,210,039.
	3 Pledges and grants receivable, net	3,737,340.	3	2,335,292.
	4 Accounts receivable, net	375,901.	4	582,702.
	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	87,367.	8	88,354.
	9 Prepaid expenses and deferred charges	658,701.	9	611,497.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,317,713.		
	b Less: accumulated depreciation	10b 26,196,487.		
	11 Investments - publicly traded securities	55,882,593.	10c	53,121,226.
	12 Investments - other securities. See Part IV, line 11	15,498,159.	11	10,926,789.
	13 Investments - program-related. See Part IV, line 11	22,567,044.	12	19,912,091.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	514,244.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,791,643.	15	332,938.	
Liabilities	17 Accounts payable and accrued expenses	99,791,643.	16	92,073,142.
	18 Grants payable	1,173,007.	17	3,280,385.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	4,209,297.	19	3,182,155.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	53,910,000.	20	53,910,000.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	1,073,170.	22	986,848.
	24 Unsecured notes and loans payable to unrelated third parties	5,096,609.	23	4,551,832.
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	13,142,557.	25	10,773,254.
Net Assets or Fund Balances	27 Total liabilities and net assets/fund balances	78,604,640.	26	76,684,474.
	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	8,493,238.	27	2,933,451.
	28 Temporarily restricted net assets	10,517,121.	28	10,278,062.
	29 Permanently restricted net assets	2,176,644.	29	2,177,155.
	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	21,187,003.	33	15,388,668.
34 Total liabilities and net assets/fund balances	99,791,643.	34	92,073,142.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check 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	15,910,795.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,465,309.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,554,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,187,003.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,756,179.
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	15,388,668.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <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 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,829,172.	20,880,248.	14,724,030.	13,054,087.	10,819,372.	77,306,909.
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	17,829,172.	20,880,248.	14,724,030.	13,054,087.	10,819,372.	77,306,909.
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)						17,140,300.
6 Public support. Subtract line 5 from line 4.						60,166,609.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17,829,172.	20,880,248.	14,724,030.	13,054,087.	10,819,372.	77,306,909.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,483,366.	1,422,584.	986,985.	704,144.	881,194.	5,478,273.
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.)	121,638.	99,645.	40,903.	82,554.	96,431.	441,171.
11 Total support. Add lines 7 through 10						83,226,353.
12 Gross receipts from related activities, etc. (see instructions)					12	42,864,315.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	72.29 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	75.74 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

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, aggregate 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 aggregate 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 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) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 768,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 455,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 316,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 741,854.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 880,000.	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

Employer identification number

DETROIT SYMPHONY ORCHESTRA, INC.

38-1385132

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 276,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 275,000.	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.)

Name of organization

Employer identification number

DETROIT SYMPHONY ORCHESTRA, INC.

38-1385132

Part II Noncash Property (see instructions)

(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 aggregating 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. See instructions.) ▶ \$

(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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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	43,834,959.	49,513,943.	66,622,622.		
b Contributions					
c Net investment earnings, gains, and losses	3,452,488.	3,282,839.	-7,538,731.		
d Grants or scholarships					
e Other expenditures for facilities and programs	7,786,477.	8,777,252.	9,426,496.		
f Administrative expenses	146,299.	184,571.	143,452.		
g End of year balance	39,354,671.	43,834,959.	49,513,943.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 60.00 %
 b Permanent endowment ☒ 18.00 %
 c Term endowment ☒ 22.00 %

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 investment	(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		73,612,367.	23,554,133.	50,058,234.
c Leasehold improvements				
d Equipment		2,490,463.	2,103,255.	387,208.
e Other		2,696,929.	539,099.	2,157,830.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,121,226.

Schedule D (Form 990) 2010

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	4,624,698.	END-OF-YEAR MARKET VALUE
(B) TANNAHILL TRUST	6,381,399.	END-OF-YEAR MARKET VALUE
(C) EVERBANK	7,040,849.	END-OF-YEAR MARKET VALUE
(D) FORD CREDIT INTEREST ADV	604,377.	END-OF-YEAR MARKET VALUE
(E) VANGUARD SHORT TERM	1,260,768.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	19,912,091.	

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) Amount
(1) Federal income taxes	
(2) PENSION COST MUSICIANS	8,890,325.
(3) PENSION COST FOR NON MUSICIANS	1,882,649.
(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.) ▶	10,773,254.

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, 2011, 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, 2007.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

DETROIT SYMPHONY ORCHESTRA, INC.

38-1385132

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	INVESTMENT		0.
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

2010

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	566,105.	311,821.	254,284.
NPO DIRECT MARKETING - 14150 PARK EAST CIRCLE, STE 280,	TELEFUNDING VENDOR		X	239,945.	63,058.	176,887.
Total				806,050.	374,879.	431,171.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CLASSICAL ROOTS GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	124,898.			124,898.
	2 Less: Charitable contributions	115,273.			115,273.
	3 Gross income (line 1 minus line 2)	9,625.			9,625.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,832.			45,832.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(45,832)
11 Net income summary. Combine line 3, column (d), and line 10				-36,207.	

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				
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

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

2010

Open to Public Inspection

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 from the organization or a related organization?

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) 2010

Part I 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANNE H. PARSONS	(i)	270,000.	0.	33,813.	40,312.	19,466.	363,591.
	(ii)	0.	0.	0.	0.	0.	0.
2 PATRICIA K. WALKER	(i)	182,009.	0.	235.	208.	4,883.	187,335.
	(ii)	0.	0.	0.	0.	0.	0.
3 PAUL HOGLE	(i)	215,000.	0.	269.	83.	17,943.	233,295.
	(ii)	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
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 II Supplemental Information

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ORCHESTRA PLACE RENEWAL PARTNERSHIP	RELATED 501(C)(3) ORGANIZATION	365,695.	ORCHESTRA PLACE RENEWAL PARTNERSHIP		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LEE BARTHEL

(A) PURPOSE OF LOAN: STEAM HEAT TO GAS HEAT CONVERSION

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 1,670,237. (D) BALANCE DUE \$ 986,848.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ORCHESTRA PLACE RENEWAL PARTNERSHIP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED 501(C)(3) ORGANIZATIONS

(C) AMOUNT OF TRANSACTION \$ 365,695.

(D) DESCRIPTION OF TRANSACTION: ORCHESTRA PLACE RENEWAL PARTNERSHIP HAS 8 VOTING MEMBERS OF THE GOVERNING BODY. THESE 8 MEMBERS ARE ALSO ON THE BOARD OF THE DETROIT SYMPHONY ORCHESTRA, INC. DURING THE YEAR DETROIT SYMPHONY ORCHESTRA, INC. PAID RENT TO ORCHESTRA PLACE RENEWAL PARTNERSHIP. BECAUSE MORE THAN 35% OF ORCHESTRA PLACE RENEWAL PARTNERSHIP'S VOTES ARE IN THE HANDS OF BOARD MEMBERS OF THE DETROIT

Part V Supplemental Information

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

SYMPHONY ORCHESTRA, INC., ORCHESTRA PLACE RENEWAL PARTNERSHIP IS

CONSIDERED AN INTERESTED PERSON FOR PURPOSES OF SCHEDULE L.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

2010

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	8	191,350.	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?

	Yes	No
30a		X
31		X
32a		X

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.

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

Schedule M (Form 990) (2010)

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

2010

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:

POPS CONCERT SERIES - 3 CONCERT WEEKENDS TOTALING 8 CONCERTS REACHING
11,618 PATRONS
EXPENSES \$ 1,372,713. INCLUDING GRANTS OF \$ 0. REVENUE \$ 135,495.

EDUCATION AND YOUTH CONCERTS - 8 EVENTS DESIGNED FOR YOUTH AND SCHOOL
CHILDREN INCLUDING A FLORIDA TOUR REACHING NEARLY 13,233 YOUNG ADULTS
EXPENSES \$ 1,096,253. INCLUDING GRANTS OF \$ 0. REVENUE \$ 164,124.

JAZZ CONCERT SERIES - 6 CONCERTS REACHING 5,976 PATRONS

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

EXPENSES \$ 868,406. INCLUDING GRANTS OF \$ 0. REVENUE \$ 174,685.

BROADCAST

EXPENSES \$ 20,416. 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.

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 A, LINE 7B: THE DECISIONS OF THE GOVERNING BODY
 ARE SUBJECT TO APPROVAL BY THE MEMBERS AT THE ANNUAL MEETING.

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; ROZANNE KOKKO, CHIEF
 FINANCIAL & BUSINESS 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.

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.

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY WAS DETERMINED IN 2005 USING COMPARABLE DATA AND WAS APPROVED BY THE CHAIRMAN OF THE BOARD, THE DIRECTOR OF HR AND AN INDUSTRY CONSULTANT. THE CONTRACT HAS NOT CHANGED SINCE THAT TIME. OTHER EXECUTIVE SALARIES ARE DETERMINED USING COMPARABLE DATA FROM SIMILAR SIZED ORCHESTRAS AND ARE ALSO APPROVED BY THE BOARD. DATES OF THE LAST COMPENSATION APPROVAL PROCESS FOR OTHER EXECUTIVES RANGED FROM SEPTEMBER 2004 THROUGH MARCH 2009.

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 GAINS ON INVESTMENTS:	682,473.
INVESTMENT EXPENSES:	1,879,036.
PENSION EXPENSE	1,194,555.
ROUNDING ADJUSTMENT	115.
TOTAL TO FORM 990, PART XI, LINE 5	3,756,179.

FORM 990, PART XII, LINE 2C:

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

FORM 990, PART VII:

COMPENSATION:

CAROLINE COADE AND SHELLEY HERON ARE COMPENSATED FOR THEIR ROLES AS

MUSICIANS, NOT AS DIRECTORS. ANNE PARSONS IS COMPENSATED FOR HER ROLE

Name of the organization

DETROIT SYMPHONY ORCHESTRA, INC.

Employer identification number

38-1385132

AS PRESIDENT AND EXECUTIVE DIRECTOR, NOT AS DIRECTOR.

FORM 990, PART VI, LINE 1B:

INDEPENDENT BOARD MEMBERS:

EIGHT OF THE BOARD MEMBERS OF THE DETROIT SYMPHONY ORCHESTRA INC. ARE ALSO ON THE BOARD OF A RELATED 501(C)(3) ORGANIZATION, ORCHESTRA PLACE RENEWAL PARTNERSHIP. DURING THE YEAR DETROIT SYMPHONY ORCHESTRA, INC. PAID RENT TO ORCHESTRA PLACE RENEWAL PARTNERSHIP AND THEREFORE NONE OF THE BOARD MEMBERS ARE CONSIDERED TO BE INDEPENDENT DUE TO OPRP'S INCLUSION AS AN INTERESTED PERSON ON SCHEDULE L.

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 other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other 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	365,695.	CASH TRANSACTION
(2) ORCHESTRA PLACE RENEWAL PARTNERSHIP	C	741,854.	CASH TRANSACTION
(3) DETROIT SYMPHONY ORCHESTRA ENDOWMENT I	C	455,815.	CASH TRANSACTION
(4) DETROIT SYMPHONY ORCHESTRA ENDOWMENT II	C	316,658.	CASH TRANSACTION
(5)			
(6)			

Part VII Supplemental Information

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

[illegible]

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2010 or other tax year beginning **SEP 1, 2010**, and ending **AUG 31, 2011**

OMB No. 1545-0087

2010Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		DETROIT SYMPHONY ORCHESTRA, INC.	38-1385132
		Number, street, and room or suite no. If a P.O. box, see instructions. 3711 WOODWARD AVENUE	E Unrelated business activity codes (See instructions.)
		City or town, state, and ZIP code DETROIT, MI 48201	531120 722320
C Book value of all assets at end of year 92073142.	F Group exemption number (See instructions.) ▶		
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. **▶ RETAIL SERVICES & RENTAL ACTIVITIES****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ NoIf "Yes," enter the name and identifying number of the parent corporation. **▶****J** The books are in care of **▶ DONIELLE HARDY**Telephone number **▶ (313) 576-5140**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	130,765.			
b Less returns and allowances	c Balance ▶	1c 130,765.		
2 Cost of goods sold (Schedule A, line 7)		2 111,941.		
3 Gross profit. Subtract line 2 from line 1c		3 18,824.		18,824.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7 239,863.	390,824.	-150,961.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13 258,687.	390,824.	-132,137.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	50,181.
16 Repairs and maintenance	16	33.
17 Bad debts	17	
18 Interest (attach schedule)	18	SEE STATEMENT 2 1,384.
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	934.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 934.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	SEE STATEMENT 3 421.
29 Total deductions. Add lines 14 through 28	29	52,953.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-185,090.
31 Net operating loss deduction (limited to the amount on line 30)	31	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-185,090.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-185,090.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e **Total credits.** Add lines 40a through 40d 40e**41 Subtract line 40e from line 39** 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a Payments:** A 2009 overpayment credited to 2010 44a

b 2010 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Credit for small employer health insurance premiums (Attach Form 8941) 44f

g Other credits and payments: ☐ Form 2439 ☐ Other Total 44g☐ Form 4136 ☐ Other Total 44g**45 Total payments.** Add lines 44a through 44g 45**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.**49 Enter the amount of line 48 you want:** Credited to 2011 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account Yes No

(bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and

Financial Accounts. If YES, enter the name of the foreign country here X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X

If YES, see instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1 0.

2 Purchases 2 111,941.

3 Cost of labor 3

4a Additional section 263A costs 4a

b Other costs (attach schedule) 4b

5 Total. Add lines 1 through 4b 5 111,941.

6 Inventory at end of year 6 0.

7 Cost of goods sold. Subtract line 6

from line 5. Enter here and in Part I, line 2 7 111,941.

8 Do the rules of section 263A (with respect to

property produced or acquired for resale) apply to

the organization? Yes No X

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN
LYNNE M. HUISMANN JUN 29 2011- employed P00053811
Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-1357951
2601 CAMBRIDGE CT., SUITE 500
Firm's address AUBURN HILLS, MI 48326 Phone no. 248-375-7100

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) THE MAX		239,863.		STATEMENT 4 390,824.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 53,911,987.	53,030,108.	100.00%	239,863.	390,824.
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 239,863.	Enter here and on page 1, Part I, line 7, column (B). 390,824.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FOOTNOTES

STATEMENT 1

FOR THE TAX YEAR ENDED: AUGUST 31, 2011

PURSUANT TO CODE SEC. 172(B)(3), DETROIT SYMPHONY ORCHESTRA, INC. HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED AUGUST 31, 2011, AND WILL ONLY HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

FORM 990-T	INTEREST PAID	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST EXPENSE	1,384.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	1,384.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
UTILITIES/FACILITIES COSTS	265.
INSURANCE	65.
IT COSTS	91.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	421.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT RENTAL EXPENSES		276,913.	
SALARIES, WAGES AND BENEFITS		50,912.	
UTILITIES AND FACILITIES		6,024.	
INSURANCE		1,472.	
DEPRECIATION		21,223.	
MAINTENANCE		758.	
INTEREST		31,443.	
INFORMATION TECHNOLOGY		2,079.	
- SUBTOTAL -	1		390,824.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			390,824.