

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 09-01-2022, and ending 08-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final 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): 3711 WOODWARD AVENUE. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: DETROIT, MI 48201

D Employer identification number: 38-1385132. E Telephone number: (313) 576-5100. G Gross receipts \$ 54,978,904

F Name and address of principal officer: ERIK RONMARK, 3711 WOODWARD AVENUE, DETROIT, MI 48201

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

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

J Website: WWW.DSO.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1951. M State of legal domicile: MI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement (SEE SCHEDULE O), 2-7a. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

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: LINDA LUTZ CHIEF FINANCIAL OFFICER. Date: 2024-01-16

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2024-01-16, Firm's name: PLANTE & MORAN PLLC, Firm's address: 2601 CAMBRIDGE CT STE 300, AUBURN HILLS, MI 48326

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 or note to any line in this Part III



1 Briefly describe the organization's mission:

THE DETROIT SYMPHONY ORCHESTRA IMPACTS LIVES THROUGH THE POWER OF UNFORGETTABLE MUSICAL EXPERIENCES BY SUSTAINING A WORLD CLASS ORCHESTRA FOR OUR CITY AND THE GLOBAL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 26,608,541 including grants of \$ ) (Revenue \$ 6,849,723 )

ORCHESTRA CONCERTS: THE ORCHESTRA'S PERFORMANCE CALENDAR INCLUDES CLASSICAL AND POPS CONCERTS IN ORCHESTRA HALL, AS WELL AS THE LIVE FROM ORCHESTRA HALL WEBCAST SERIES NOW IN ITS ELEVENTH SEASON, SHARING THE MUSIC OF THE DSO WITH LISTENERS IN ALL 50 STATES AND 100 COUNTRIES WORLDWIDE.

4b (Code: ) (Expenses \$ 519,863 including grants of \$ ) (Revenue \$ 726,456 )

COMMUNITY USE OF THE MAX M. AND MARJORIE S. FISHER MUSIC CENTER: COMPLETED IN 2003, THE DSO'S MAX M. AND MARJORIE S. FISHER MUSIC CENTER HAS BEEN A CATALYST FOR GROWTH AND BEACON FOR POSITIVE IMPACT IN MIDTOWN AND THE CITY OF DETROIT. "THE MAX" IS HOME TO HISTORIC ORCHESTRA HALL, THE 15,000-SQUARE-FOOT PINCUS MUSIC EDUCATION CENTER, A STUNNING ATRIUM, STATE-OF-THE-ART REHEARSAL ROOMS AND ADMINISTRATIVE FACILITIES. AS DETROIT'S MUSICAL EPICENTER, IT IS A COMMUNITY GATHERING SPACE WHERE IDEAS, EXPERTISE, RESOURCES, AND ART COLLIDE DAILY.

4c (Code: ) (Expenses \$ 1,421,648 including grants of \$ ) (Revenue \$ 581,230 )

EDUCATION AND COMMUNITY ENGAGEMENT: THE DETROIT SYMPHONY ORCHESTRA'S EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMMING IS DEDICATED TO PROVIDING MEANINGFUL MUSICAL EXPERIENCES FOR COMMUNITY MEMBERS THROUGHOUT THEIR LIVES. OUR PROGRAMS PROVIDE STUDENTS OF ALL AGES AND MUSICAL SKILL LEVELS ACROSS THE GREATER DETROIT AREA WITH THE OPPORTUNITY TO EXPAND CREATIVITY AND DEVELOP MUSICAL TALENT. EXPERIENCES RANGE FROM CONCERTS FOR TODDLERS, YOUNG CHILDREN, AND THEIR FAMILIES, TO INSTRUMENT TRAINING PROGRAMS SERVING ELEMENTARY UP TO GRADUATE STUDENTS. IN THIS TIME OF EXTRAORDINARY NEED, THE DSO HAS ALSO MADE A COMMITMENT TO SERVING OUR COMMUNITY FROM A DISTANCE, THROUGH FREE ACCESS TO OUR DSO REPLAY SERVICE AND THE EXPANSION OF OUR DIGITAL EDUCATION CONTENT.

(Code: ) (Expenses \$ 744,956 including grants of \$ ) (Revenue \$ 425,596 )

JAZZ AND OTHER PRESENTATIONS: THE DSO PRESENTS THE WORLD'S BEST JAZZ ARTISTS THROUGH OUR PARADISE JAZZ SERIES A NAME IN HOMAGE TO ORCHESTRA HALL'S HERITAGE AS THE FORMER PARADISE JAZZ THEATER. THE SERIES IS CURRENTLY LED BY GRAMMY AWARD-WINNING JAZZ TRUMPETER AND COMPOSER TERENCE BLANCHARD. THE DSO IS ONE OF FEW ORCHESTRAS IN THE COUNTRY TO HAVE DEDICATED JAZZ PROGRAMMING, AND THE ONLY TO HAVE A JAZZ CREATIVE DIRECTOR CHAIR POSITION IN ITS ARTISTIC LEADERSHIP. THE DSO'S CUBE SERIES FEATURES HUNDREDS OF ARTISTS IN A VARIETY OF GENRES INCLUDING JAZZ, R&B, ELECTRONIC, SALSA AND FUNK. THE DSO PRESENTS A SIMILARLY DIZZING VARIETY OF ARTISTS, INCLUDING MEMBERS OF THE DSO, IN OUTDOOR CONCERTS IN ITS SOSNICK COURTYARD.

4d Other program services (Describe in Schedule O.) (Expenses \$ 744,956 including grants of \$ ) (Revenue \$ 425,596 )

4e Total program service expenses 29,295,008

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 7d, 10a, 11a, 12b, 13b, 13c), and Yes/No checkboxes. Row 2a contains the value '715'.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LINDA LUTZ 3711 WOODWARD AVENUE DETROIT, MI 48201 (313) 576-5140

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|------------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) DAVID T PROVOST<br>.....<br>DIRECTOR & CHAIRMAN             | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (2) ERIK RONMARK<br>.....<br>DIRECTOR & PRESIDENT & CEO         | 60.00<br>.....<br>0.00   | X   |                        | X       |              |                              |        | 384,660   | 0  | 16,652  |
| (3) FAYE ALEXANDER NELSON<br>.....<br>DIRECTOR & VICE CHAIR     | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (4) LAURA TRUDEAU<br>.....<br>DIRECTOR & TREASURER              | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (5) JAMES G VELLA<br>.....<br>DIRECTOR & SECRETARY              | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (6) RALPH J GERSON<br>.....<br>DIRECTOR & OFFICER AT LARGE      | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (7) GLENDA D PRICE PH D<br>.....<br>DIRECTOR & OFFICER AT LARGE | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (8) SHIRLEY STANCATO<br>.....<br>DIRECTOR & OFFICER AT LARGE    | 1.00<br>.....<br>0.00  | X   |                        | X       |              |                              |        | 0   | 0  | 0   |
| (9) DAVID ASSEMANY<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (10) MICHAEL BICKERS<br>.....<br>DIRECTOR                       | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (11) ELENA CENTEIO<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (12) AARON FRANKEL<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (13) HERMAN B GRAY MD MBA<br>.....<br>DIRECTOR                  | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (14) LAURA HERNANDEZ-ROMINE<br>.....<br>DIRECTOR                | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (15) REV NICHOLAS HOOD III<br>.....<br>DIRECTOR                 | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (16) RICHARD HUTTENLOCHER<br>.....<br>DIRECTOR                  | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (17) RENATO JAMETT<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                        |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|------------------------|---------|--------------|------------------------------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee |   |  |   |
| (18) DANIEL J KAUFMAN<br>.....<br>DIRECTOR                       | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (19) MICHAEL J KEEGAN<br>.....<br>DIRECTOR                       | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (20) XAVIER MOSQUET<br>.....<br>DIRECTOR                         | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (21) DAVID NICHOLSON<br>.....<br>DIRECTOR                        | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (22) ARTHUR T OREILLY<br>.....<br>DIRECTOR                       | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (23) STEPHEN R POLK<br>.....<br>DIRECTOR                         | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (24) BERNARD I ROBERTSON<br>.....<br>DIRECTOR                    | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (25) NANCY TELLEM<br>.....<br>DIRECTOR                           | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (26) DAVID M WU MD<br>.....<br>DIRECTOR                          | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (27) ELLEN HILL ZERINGUE<br>.....<br>DIRECTOR                    | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (28) MARK A DAVIDOFF PART YEAR<br>.....<br>DIRECTOR              | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (29) HON KURTIS T WILDER RETPT YEAR<br>.....<br>DIRECTOR         | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (30) PAMELA APPLEBAUM PART YEAR<br>.....<br>DIRECTOR             | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (31) ARTHUR C LIEBLER PART YEAR<br>.....<br>DIRECTOR             | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (32) DR M ROY WILSON PART YEAR<br>.....<br>DIRECTOR              | 1.00<br>0.00   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (33) AMANDA BLAIKIE<br>.....<br>MUSICIAN & DIRECTOR              | 40.00<br>0.00  | X   |                        |         |              |                              | 91,678  | 0  | 31,404  |
| (34) DAVE EVERSON<br>.....<br>MUSICIAN & DIRECTOR                | 40.00<br>0.00  | X   |                        |         |              |                              | 117,630   | 0  | 20,287  |
| (35) SCOTT STRONG PART YEAR<br>.....<br>MUSICIAN & DIRECTOR      | 40.00<br>0.00  | X   |                        |         |              |                              | 110,827   | 0  | 20,262  |
| (36) JOHANNA YARBROUGH PART YEAR<br>.....<br>MUSICIAN & DIRECTOR | 40.00<br>0.00  | X   |                        |         |              |                              | 112,903   | 0  | 21,077  |
| (37) JILL ELDER<br>.....<br>VP & CHIEF REVENUE OFFICER           | 60.00<br>0.00  |   |                        |         | X            |                              | 273,791   | 0  | 35,793  |
| (38) LINDA LUTZ<br>.....<br>VP, CHEIF FINANCIAL & ADMIN OFFICER  | 60.00<br>0.00  |   |                        |         | X            |                              | 263,029   | 0  | 33,189  |
| (39) KIMBERLY A KENNEDY<br>.....<br>MUSICIAN                     | 40.00<br>0.00  |   |                        |         | X            |                              | 177,054   | 0  | 28,499  |
| (40) WEI YU<br>.....<br>MUSICIAN                                 | 40.00<br>0.00  |   |                        |         | X            |                              | 163,446   | 0  | 42,016  |
| (41) RALPH SKIANO JR<br>.....<br>MUSICIAN                        | 40.00<br>0.00  |   |                        |         | X            |                              | 161,873   | 0  | 38,689  |
| (42) HUNTER EBERLY<br>.....<br>MUSICIAN                          | 40.00<br>0.00  |   |                        |         | X            |                              | 150,930   | 0  | 36,711  |
| (43) KE MA<br>.....<br>MUSICIAN                                  | 40.00<br>0.00  |   |                        |         | X            |                              | 143,872   | 0  | 18,599  |
| (44) ANNE H PARSONS<br>.....<br>PRESIDENT EMERITUS (FORMER)      | 60.00<br>0.00  |   |                        |         |              | X                            | 357,713   | 0  | 251,800   |
| <b>1b Sub-Total</b>  |  |   |                        |         |              |                              |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>   |  |   |                        |         |              |                              |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                             |  |   |                        |         |              | 2,509,406                    | 0   | 594,978  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **73**

|  | Yes   | No |
|--|-------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 3 Yes |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 5     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| OPUS 3 ARTISTS LLC<br>348 WEST 75TH ST SUITE 282<br>NEW YORK, NY 10019                           | GUEST ARTISTS                  | 666,394             |
| CAPACITY INTERACTIVE CONSULTING LLC<br>82 NASSAU STREET 60283<br>NEW YORK, NY 10038              | CONSULTING                     | 274,844             |
| SMITHGROUP INC<br>500 GRISWOLD ST SUITE 1700<br>DETROIT, MI 48226                                | ARCHITECTURE                   | 261,859             |
| BENNETT DIRECT<br>PO BOX 0015<br>MILWAUKEE, WI 53201   | FUNDRAISING                    | 238,388             |
| GLOBE MIDWEST ADJUSTERS INTERNATIONAL<br>400 GALLERIA OFFICENTRE STE 101<br>SOUTHFIELD, MI 48034 | PUBLIC ADJUSTER                | 162,877             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts   |                      |  |   |  |
| <b>1a</b> Federated campaigns . . . . .   |                      | <b>1a</b>  |   |  |
| <b>b</b> Membership dues . . . . .  |                      | <b>1b</b>  |   |  |
| <b>c</b> Fundraising events . . . . .   |                      | <b>1c</b>  | 1,413,046                               |  |
| <b>d</b> Related organizations . . . . .  |                      | <b>1d</b>  | 208,403                                 |  |
| <b>e</b> Government grants (contributions) . . . . .  |                      | <b>1e</b>  | 598,105                                 |  |
| <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above . . . . . |                      | <b>1f</b>  | 25,346,234                              |  |
| <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$ . . . . .                                |                      | <b>1g</b>  | 3,861,000                               |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |  |   | 27,565,788   |

| Program Service Revenue                     |  | Business Code |           |           |         |     |
|---|--|---------------|-----------|-----------|---------|-----|
|   |  |               | (A)       | (B)       | (C)     | (D) |
| <b>2a</b> TICKET REVENUES                   |  | 711190        | 6,899,392 | 6,899,392 |         |     |
| <b>b</b> TICKET HANDLING FEES               |  | 711190        | 309,361   | 309,361   |         |     |
| <b>c</b> ORCHESTRA HALL RENTAL              |  | 531120        | 295,185   | 174,212   | 120,973 |     |
| <b>d</b> STUDENT FEES                       |  | 611710        | 254,438   | 254,438   |         |     |
| <b>e</b> FEE CONCERT/RUNOUT                 |  | 711190        | 200,047   | 200,047   |         |     |
| <b>f</b> All other program service revenue. |  |               |           |           |         |     |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               | 7,958,423 |           |         |     |

|  |  |                |            |          |         |           |
|--|--|----------------|------------|----------|---------|-----------|
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |                | 866,501    |          |         | 866,501   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                |            |          |         |           |
|  | <b>5</b> Royalties . . . . .   |                | 11,691     | 11,691   |         |           |
|  | <b>6a</b> Gross rents  | (i) Real       |            |          |         |           |
|  | <b>b</b> Less: rental expenses   | (ii) Personal  |            |          |         |           |
|  | <b>c</b> Rental income or (loss)   |                |            |          |         |           |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                |            |          |         |           |
|  | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities | 16,320,464 |          |         |           |
|  | <b>b</b> Less: cost or other basis and sales expenses  | (ii) Other     |            | 563      |         |           |
|  | <b>c</b> Gain or (loss)  |                | 1,090,647  | -563     |         |           |
|  | <b>d</b> Net gain or (loss) . . . . .  |                | 1,090,084  |          |         | 1,090,084 |
|  | <b>8a</b> Gross income from fundraising events (not including \$ 1,413,046 of contributions reported on line 1c). See Part IV, line 18 . . . . . |                | 204,834    |          |         |           |
|  | <b>b</b> Less: direct expenses   |                | 509,555    |          |         |           |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                |            | -304,721 |         | -304,721  |
|  | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  |                |            |          |         |           |
| <b>b</b> Less: direct expenses   |  |                |            |          |         |           |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |  |                |            |          |         |           |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . |  | 288            |            |          |         |           |
| <b>b</b> Less: cost of goods sold  |  | 3,082          |            |          |         |           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |  |                | -2,794     | 36,997   | -39,791 |           |

| Other Revenue Misc Amt                              |  | Business Code |            |           |         |           |
|---|--|---------------|------------|-----------|---------|-----------|
|   |  |               | (A)        | (B)       | (C)     | (D)       |
| <b>11a</b> PARKING REVENUE                          |  | 900099        | 1,017,051  | 1,017,051 |         |           |
| <b>b</b> FOOD AND BEVERAGE                          |  | 722514        | 537,878    | 537,878   |         |           |
| <b>c</b> INSURANCE INCOME                           |  | 900099        | 300,000    |           |         | 300,000   |
| <b>d</b> All other revenue . . . . .                |  |               | 195,986    | 195,986   |         |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .         |  |               | 2,050,915  |           |         |           |
| <b>12 Total revenue.</b> See instructions . . . . . |  |               | 39,235,887 | 9,600,056 | 157,970 | 1,912,073 |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 2,563,502                    | 2,102,072                              | 307,620                                       | 153,810                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  | 17,217,548                   | 14,118,389                             | 2,066,106                                     | 1,033,053                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,401,276                    | 1,191,085                              | 126,114                                       | 84,077                             |
| <b>9</b> Other employee benefits   | 2,111,626                    | 1,794,882                              | 190,046                                       | 126,698                            |
| <b>10</b> Payroll taxes  | 1,427,846                    | 1,213,669                              | 128,506                                       | 85,671                             |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management  |                              |  |   |                                    |
| <b>b</b> Legal   | 111,793                      |  | 111,793                                       |                                    |
| <b>c</b> Accounting  | 155,014                      |  | 155,014                                       |                                    |
| <b>d</b> Lobbying  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 189,029                      |  |   | 189,029                            |
| <b>f</b> Investment management fees  | 166,802                      |  | 166,802                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 4,418,653                    | 3,758,440                              | 372,722                                       | 287,491                            |
| <b>12</b> Advertising and promotion  | 824,521                      | 107,188                                | 717,333                                       |                                    |
| <b>13</b> Office expenses  | 1,711,374                    | 222,479                                | 1,009,710                                     | 479,185                            |
| <b>14</b> Information technology   | 566,722                      | 368,369                                | 107,677                                       | 90,676                             |
| <b>15</b> Royalties  |                              |  |   |                                    |
| <b>16</b> Occupancy  | 1,385,684                    | 665,128                                | 678,985                                       | 41,571                             |
| <b>17</b> Travel   | 210,816                      | 69,569                                 | 113,841                                       | 27,406                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings   | 711                          |  | 711   |                                    |
| <b>20</b> Interest   | 65,124                       |  | 65,124  |                                    |
| <b>21</b> Payments to affiliates   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization  | 3,280,918                    | 2,526,307                              | 590,565                                       | 164,046                            |
| <b>23</b> Insurance  | 330,137                      |  | 330,137                                       |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> PRODUCTION EXPENSE  | 908,440                      | 844,849                                |   | 63,591                             |
| <b>b</b> MUSIC   | 288,152                      | 95,090                                 | 155,602                                       | 37,460                             |
| <b>c</b> CATERING  | 274,873                      | 104,452                                | 5,497   | 164,924                            |
| <b>d</b> MEALS   | 49,797                       | 18,923                                 | 996   | 29,878                             |
| <b>e</b> All other expenses  | 285,204                      | 94,117                                 | 154,010                                       | 37,077                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 39,945,562                   | 29,295,008                             | 7,554,911                                     | 3,095,643                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)                   |             | (B)                   |
|---|--|-----------------------|-------------|-----------------------|
|   |  | Beginning of year     |             | End of year           |
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 9,972,899             | <b>1</b>    | 5,180,405             |
|   | <b>2</b> Savings and temporary cash investments  | 1,610,295             | <b>2</b>    | 1,464,760             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 16,922,410            | <b>3</b>    | 17,343,765            |
|   | <b>4</b> Accounts receivable, net . . . . .  | 976,751               | <b>4</b>    | 482,863               |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                       | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                       | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                       | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   | 75,738                | <b>8</b>    | 62,991                |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 391,549               | <b>9</b>    | 602,055               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 98,518,633 |             |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 63,480,920 | 34,113,763  | <b>10c</b> 35,037,713 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 42,555,848            | <b>11</b>   | 45,611,068            |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 6,723,429             | <b>12</b>   | 6,770,228             |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                       | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets . . . . .  |                       | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11   | 509,540               | <b>15</b>   | 4,054,674             |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 113,852,222  | <b>16</b>             | 116,610,522 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,189,041             | <b>17</b>   | 1,799,939             |
|   | <b>18</b> Grants payable . . . . .   |                       | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue . . . . .   | 3,377,663             | <b>19</b>   | 3,701,942             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                       | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                       | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                       | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                       | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                       | <b>24</b>   |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 6,413,567             | <b>25</b>   | 4,734,071             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 11,980,271            | <b>26</b>   | 10,235,952            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                       |             |                       |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 30,497,893            | <b>27</b>   | 31,031,380            |
|   | <b>28</b> Net assets with donor restrictions   | 71,374,058            | <b>28</b>   | 75,343,190            |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                       |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                       | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                       | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                       | <b>31</b>   |                       |
|   | <b>32</b> Total net assets or fund balances  | 101,871,951           | <b>32</b>   | 106,374,570           |
|   | <b>33</b> Total liabilities and net assets/fund balances   | 113,852,222           | <b>33</b>   | 116,610,522           |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

Table with 10 rows for reconciliation of net assets. Columns include line number, description, and amount. Total revenue is 39,235,887 and total expenses are 39,945,562, resulting in a net loss of 709,675.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

Table for financial reporting questions. Includes questions about accounting methods (Accrual selected), compilation by an independent accountant, and audit status. Includes Yes/No columns for responses.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 12, 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 (Form 990).)
- 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:

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- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 30,474,696 | 23,501,285 | 28,637,446 | 35,439,776 | 28,681,954 | 146,735,157 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 30,474,696 | 23,501,285 | 28,637,446 | 35,439,776 | 28,681,954 | 146,735,157 |
| <b>5</b> 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) . . . |            |            |            |            |            | 9,879,593   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 136,855,564 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4. . . . .   | 30,474,696 | 23,501,285 | 28,637,446 | 35,439,776 | 28,681,954 | 146,735,157 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 1,305,343  | 1,648,834  | 1,103,217  | 1,948,002  | 878,192    | 6,883,588   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .                              |            |            |            |            |            |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               | 458,202    | 142,605    | 216,854    | 522,602    | 1,238,698  | 2,578,961   |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 156,197,706 |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 31,142,262

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 87.620 % |
| <b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 88.870 % |

- 16a 33 1/3% support test—2022.** 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 . . . . .
- b 33 1/3% support test—2021.** 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 . . . . .
- 17a 10%-facts-and-circumstances test—2022.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2021.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 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 . . . . .

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   |     |    |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>c</b>   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on 11a above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>                                    |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

|   | Yes | No |
|---|-----|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>   |     |    |

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

|   | Yes | No |
|---|-----|----|
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>                            |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

| Section D - Distributions  |           | Current Year |
|--|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2022 from Section C, line 6  | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2022:  |                             |  |   |
| <b>a</b> From 2017. . . . .  |                             |  |   |
| <b>b</b> From 2018. . . . .  |                             |  |   |
| <b>c</b> From 2019. . . . .  |                             |  |   |
| <b>d</b> From 2020. . . . .  |                             |  |   |
| <b>e</b> From 2021. . . . .  |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7:<br>\$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2018. . . . .   |                             |  |   |
| <b>b</b> Excess from 2019. . . . .   |                             |  |   |
| <b>c</b> Excess from 2020. . . . .   |                             |  |   |
| <b>d</b> Excess from 2021. . . . .   |                             |  |   |
| <b>e</b> Excess from 2022. . . . .   |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

| Return Reference   | Explanation                               |
|--|---|
| SCHEDULE A, PART II, LINE 10,<br>EXPLANATION OF OTHER<br>INCOME: | MISCELLANEOUS REVENUE FUNDRAISING REVENUE |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

**2022**

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>DETROIT SYMPHONY ORCHESTRA INC | Employer identification number<br>38-1385132 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
DETROIT SYMPHONY ORCHESTRA INC

**Employer identification number**  
38-1385132

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization  
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Employer identification number  
38-1385132

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

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

Name of organization  
DETROIT SYMPHONY ORCHESTRA INC

Employer identification number

38-1385132

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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.) ▶ \$ \_\_\_\_\_

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

|                                       |                     |  |                                     |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a)<br>No. from<br>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 |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a)<br>No. from<br>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 |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a)<br>No. from<br>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 |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a)<br>No. from<br>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 |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |  |
|--|--|
| Name of the organization<br>DETROIT SYMPHONY ORCHESTRA INC | Employer identification number<br>38-1385132 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

**2** Political campaign activity expenditures. See instructions ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| <b>1</b> |             |         |   |  |
| <b>2</b> |             |         |   |  |
| <b>3</b> |             |         |   |  |
| <b>4</b> |             |         |   |  |
| <b>5</b> |             |         |   |  |
| <b>6</b> |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                            |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....   |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b> Media advertisements? .....   |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | Yes |    | 65,000 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b> Other activities? .....   |     | No |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 65,000 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....  | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference   | Explanation   |
|--------------------|---|
| PART II-B, LINE 1: | KELLEY CAWTHORNE HAS BEEN ENGAGED TO PROVIDE LOBBYING SERVICES TO GARNER GOVERNMENTAL SUPPORT FOR THE DETROIT SYMPHONY ORCHESTRA. |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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 XIII.
- 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 55,709,862       | 53,385,318     | 42,126,515         | 40,557,263           | 38,726,837          |
| <b>b</b> Contributions . . . . .                                  | 1,614,121        | 11,818,672     | 4,734,790          | 1,284,312            | 3,685,100           |
| <b>c</b> Net investment earnings, gains, and losses               | 4,853,484        | -7,055,739     | 8,532,732          | 2,423,030            | 165,120             |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 3,050,178        | 2,251,136      | 1,935,613          | 2,058,947            | 1,930,385           |
| <b>f</b> Administrative expenses . . . . .                        | 175,206          | 187,253        | 73,106             | 79,143               | 89,409              |
| <b>g</b> End of year balance . . . . .                            | 58,952,083       | 55,709,862     | 53,385,318         | 42,126,515           | 40,557,263          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 1.000 %
  - c** Term endowment ▶ 99.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes               | No |
|--|-------------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> Yes     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 1,398,017                       |                              | 1,398,017      |
| <b>b</b> Buildings . . . . .   |                                      | 87,838,408                      | 59,543,989                   | 28,294,419     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 8,669,707                       | 3,922,045                    | 4,747,662      |
| <b>e</b> Other . . . . .   |                                      | 612,501                         | 14,886                       | 597,615        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 35,037,713     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) TANA HILL TRUST   | 6,770,228      | F  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 6,770,228      |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 4,734,071      |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.)<br>. . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART V, LINE 4:  | TO PROVIDE ONGOING SUPPORT TO THE DETROIT SYMPHONY ORCHESTRA. |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
DETROIT SYMPHONY ORCHESTRA INC

**Employer identification number**  
38-1385132

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** 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  **Yes**  **No**
- b** If "Yes," list the 10 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 |                                   |   |   |
| 1<br>BENNETT DIRECT<br>PO BOX 0015<br><br>MILWAUKEE, WI 53201 | TELEFUNDING VENDOR |  | No | 388,372                           | 268,054   | 120,318   |
| 2   |                    |  |    |                                   |   |   |
| 3   |                    |  |    |                                   |   |   |
| 4   |                    |  |    |                                   |   |   |
| 5   |                    |  |    |                                   |   |   |
| 6   |                    |  |    |                                   |   |   |
| 7   |                    |  |    |                                   |   |   |
| 8   |                    |  |    |                                   |   |   |
| 9   |                    |  |    |                                   |   |   |
| 10  |                    |  |    |                                   |   |   |
| <b>Total</b>  |                    |  |    | 388,372                           | 268,054   | 120,318   |

**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  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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                |
|--|---|------------------------------------|--|----------------------------|---------------------------------|
|  |   | <b>HEROES GALA</b><br>(event type) | <b>CLASSICAL ROOTS</b><br>(event type) | <b>1</b><br>(total number) | (add col. (a) through col. (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .   | 1,111,094                          | 430,331                                | 76,455                     | 1,617,880                       |
|  | <b>2</b> Less: Contributions . . . . .  | 974,150                            | 374,241                                | 64,655                     | 1,413,046                       |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 136,944                            | 56,090                                 | 11,800                     | 204,834                         |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .  |                                    |  |                            |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |                                    |  |                            |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  |                                    |  |                            |                                 |
|  | <b>7</b> Food and beverages . . . . .   | 91,243                             | 70,291                                 | 32,239                     | 193,773                         |
|  | <b>8</b> Entertainment . . . . .  |                                    |  |                            |                                 |
|  | <b>9</b> Other direct expenses . . . . .  | 221,661                            | 75,605                                 | 18,516                     | 315,782                         |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                    |  |                            | 509,555                         |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                                    |  | -304,721                   |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on 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)) |
|---|---|---|---|------------------|--|
|   |   | <b>1</b> Gross revenue . . . . .                                    |   |                  |  |
| <b>Direct Expenses</b>  | <b>2</b> Cash prizes . . . . .                                      |   |   |                  |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                  |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                  |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                  |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |                  |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |                  |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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 conduct 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 conducted 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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 provide any additional information. See Instructions.

| Return Reference    | Explanation  |
|---------------------|--|
| SCHEDULE G, PART I: | THE DETROIT SYMPHONY ORCHESTRA, INC.'S PRIMARY TELEFUNDING VENDOR IS BENNETT DIRECT. BENNETT DIRECT ALSO SOLICITS DONATIONS WHEN CUSTOMERS BUY TICKETS OVER THE PHONE. |

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 on 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 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 idemnification 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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," on line 5a or 5b, describe in Part III.

**6** For persons listed on 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," on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  | Yes |    |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

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

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

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

| (A) Name and Title   |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> ANNE H PARSONS<br>PRESIDENT EMERITUS (FORMER)     | (i)  | 356,190   | 0                                   | 1,523                               | 243,231  | 8,569                   | 609,513                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>2</b> ERIK RONMARK<br>DIRECTOR & PRESIDENT & CEO        | (i)  | 348,060   | 30,000                              | 6,600                               | 8,400  | 8,252                   | 401,312                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>3</b> JILL ELDER<br>VP & CHIEF REVENUE OFFICER          | (i)  | 245,791   | 25,000                              | 3,000                               | 8,087  | 27,706                  | 309,584                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>4</b> LINDA LUTZ<br>VP, CHEIF FINANCIAL & ADMIN OFFICER | (i)  | 237,429   | 25,000                              | 600                                 | 7,967  | 25,222                  | 296,218                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>5</b> KIMBERLY A KENNEDY<br>MUSICIAN                    | (i)  | 177,054   | 0                                   | 0                                   | 8,329  | 20,170                  | 205,553                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>6</b> WEI YU<br>MUSICIAN                                | (i)  | 163,446   | 0                                   | 0                                   | 12,854   | 29,162                  | 205,462                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>7</b> RALPH SKIANO JR<br>MUSICIAN                       | (i)  | 161,873   | 0                                   | 0                                   | 12,925   | 25,764                  | 200,562                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>8</b> HUNTER EBERLY<br>MUSICIAN                         | (i)  | 150,930   | 0                                   | 0                                   | 13,124   | 23,587                  | 187,641                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>9</b> KE MA<br>MUSICIAN                                 | (i)  | 143,872   | 0                                   | 0                                   | 8,558  | 10,041                  | 162,471                         | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 1A  | RETIREMENT PAYMENTS AND SOCIAL CLUB DUES ARE FURNISHED TO THE PRESIDENT AND VICE PRESIDENTS. THE RETIREMENT PAYMENTS, WHICH ARE IN LIEU OF PENSION CONTRIBUTION, ARE INCLUDED IN TAXABLE INCOME FOR THE FORMER PRESIDENT. THE SOCIAL CLUB DUES ARE NOT INCLUDED IN TAXABLE COMPENSATION, AND ANY PERSONAL CHARGES INCURRED ARE REIMBURSED BY THE PRESIDENT AND VICE PRESIDENTS TO DETROIT SYMPHONY ORCHESTRA, INC. |
| PART I, LINE 7   | BONUSES ARE PART OF AN INCENTIVE COMPENSATION PLAN WHEREBY STAFF ARE ELIGIBLE TO RECEIVE BONUSES UP TO A SET PERCENTAGE OF SALARY, BASED ON OVERALL PERFORMANCE, AS WELL AS THE ACHIEVEMENT OF INDIVIDUAL, DEPARTMENT, AND ORGANIZATIONAL GOALS.   |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DETROIT SYMPHONY ORCHESTRA INC

**Employer identification number**

38-1385132

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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 . . . . .                               |                            |   |  |   |
| 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 . . . . .                                 |                            |   |  |   |
| Other ( INTEREST IN PARTNERSHIP )                                    | X                          | 3   | 3,861,000  | RETAIL VALUED   |
| 25 ▶ ( )   |                            |   |  |   |
| 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | Yes  | No |
|   |  | No |
|   | b If "Yes," describe the arrangement in Part II. |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   |  | No |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |  | No |
| b If "Yes," describe in Part II.  |  |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |  |    |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

## **Additional Data**

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**Software Version:**

**SCHEDULE O**  
**(Form 990)****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
DETROIT SYMPHONY ORCHESTRA INC

Employer identification number

38-1385132

| Return Reference                                | Explanation  |
|---|--|
| FORM 990,<br>PART 1, LINE<br>1                  | THE DSO IS AN INCLUSIVE AND CULTURALLY RELEVANT COMMUNITY WHERE ALL PEOPLE CAN EXPERIENCE THEIR WORLD THROUGH MUSIC.   |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A  | THE DETROIT SYMPHONY ORCHESTRA, INC. HAS MEMBERS WHO MAY VOTE ON MEMBERS OF THE GOVERNING BODY.  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | MEMBERS OF THE FINANCE AND EXECUTIVE STAFF REVIEW THE FORM 990 PRIOR TO FILING. THE RETURN IS THEN PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. A COPY OF THE FORM 990 HAS BEEN DISTRIBUTED TO ALL MEMBERS FOR THEIR REVIEW PRIOR TO SUBMISSION.  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | ANNUAL FORMS ARE REVIEWED BY STAFF, ANY ISSUES ARE TAKEN TO AUDIT COMMITTEE FOR REVIEW AND RESOLUTION.   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15  | EXECUTIVE COMPENSATION (FOR CEO AND MUSIC DIRECTOR) IS DETERMINED BY THE BOARD, WITH THE RECOMMENDATION OF THE EXECUTIVE COMPENSATION COMMITTEE. COMPARABLE DATA GATHERED FROM THE LEAGUE OF THE AMERICAN ORCHESTRAS AND OTHER COMPARABLE LOCAL DATA IS USED IN DETERMINING THESE SALARIES. SALARIES OF OTHER EXECUTIVES ARE DETERMINED BY THE CEO AND IS SET USING COMPARABLE LOCAL DATA AND DATA GATHERED BY THE LEAGUE OF AMERICAN ORCHESTRAS. INDIVIDUAL SALARIES MAY OR MAY NOT BE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE LAST COMPENSATION APPROVAL PROCESS FOR OTHER EXECUTIVES OCCURRED IN OCTOBER 2022.  |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19  | FINANCIAL STATEMENTS ARE ONLY PROVIDED TO BOARD MEMBERS, FOUNDATIONS, CORPORATIONS, AND DONORS OF \$2,500 OR GREATER AFTER A REVIEW OF THE FORMAL REQUEST BY MANAGEMENT.   |
| FORM 990,<br>PART IX,<br>LINE 11G               | GUEST CONDUCTORS: PROGRAM SERVICE EXPENSES 1,257,089. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,257,089. GUEST SOLOISTS: PROGRAM SERVICE EXPENSES 1,688,441. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,688,441. CONSULTING: PROGRAM SERVICE EXPENSES 266,638. MANAGEMENT AND GENERAL EXPENSES 225,617. FUNDRAISING EXPENSES 191,432. TOTAL EXPENSES 683,687. MERCHANT SERVICES: PROGRAM SERVICE EXPENSES 390,239. MANAGEMENT AND GENERAL EXPENSES 114,070. FUNDRAISING EXPENSES 96,059. TOTAL EXPENSES 600,368. LICENSING: PROGRAM SERVICE EXPENSES 113,497. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 113,497. BUILDING MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 33,035. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 33,035. COMMISSIONING: PROGRAM SERVICE EXPENSES 42,536. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,536. |
| FORM 990,<br>PART XI,<br>LINE 9:                | PENSION LIABILITY ADJUSTMENT 1,596,792. LOSS FROM WATER DAMAGE -457,271. TRANSFER TO/FROM PENSION -324,000. NET ASSET RELEASED FROM RESTRICTION 962,904. GAIN FROM INSURANCE CLAIM 884,232.  |
| FORM 990,<br>PART XII,<br>LINE 2C:              | AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.   |
| FORM 990,<br>PART VII:                          | COMPENSATION: JOHANNA YARBROUGH AND SCOTT STRONG ARE COMPENSATED FOR THEIR ROLES AS MUSICIANS, NOT AS DIRECTORS. ANNE PARSONS AND ERIK RONMARK ARE COMPENSATED FOR THEIR ROLE AS PRESIDENT EMERITUS AND CEO, NOT AS DIRECTOR.  |

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
DETROIT SYMPHONY ORCHESTRA INC

**Employer identification number**  
38-1385132

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|--|----|
|   |   |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> DSO ENDOWMENT TRUST FUND<br>3711 WOODWARD AVENUE<br><br>DETROIT, MI 48201<br>23-7269970    | INVESTMENT ACTIVITIES TO SUPPORT THE DETROIT SYMPHONY ORCHESTRA, INC. | MI   | 501(C)(3)                  | 12A   | DETROIT SYMPHONY ORCHESTRA INC   | Yes  |    |
| <b>(2)</b> DSO ENDOWMENT TRUST FUND II<br>3711 WOODWARD AVENUE<br><br>DETROIT, MI 48201<br>38-2609947 | INVESTMENT ACTIVITIES TO SUPPORT THE DETROIT SYMPHONY ORCHESTRA, INC. | MI   | 501(C)(3)                  | 12A   | DETROIT SYMPHONY ORCHESTRA INC   | Yes  |    |
|   |   |  |                            |   |                                  |  |    |
|   |   |  |                            |   |                                  |  |    |
|   |   |  |                            |   |                                  |  |    |
|   |   |  |                            |   |                                  |  |    |
|   |   |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from tax<br>under sections<br>512-514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-<br>1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|--|--|--|------------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |  |  |  |                                    |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |
|  |                            |  |  |  |                                    |  |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |
|  |                         |   |                                     |   |                                 |   |                                |   |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

**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)<br>Name of related organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) DETROIT SYMPHONY ORCHESTRA ENDOWMENT I  | C                             | 115,584                | CASH TRANSACTION                             |
| (2) DETROIT SYMPHONY ORCHESTRA ENDOWMENT II | C                             | 92,819                 | CASH TRANSACTION                             |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

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