### PUBLIC INSPECTION COPY

	99	0	Return of (	Organization Ex	kempt	From I	nco	me Tax		OMB No. 1545-0047
Form	55		Under section 501(c), 52	27, or 4947(a)(1) of the Inte	- ernal Reve	nue Code (e	except	private foundat	tions)	2021
Depart	mont of t	he Treasury		r social security numbers		-	-	-		Open to Public
	l Revenue		► Go to ww	<i>ww.irs.gov/Form990</i> for ins	tructions	and the lates	t infor	mation.		Inspection
A Fo	or the 2	2021 calenda	ar year, or tax year beginning	09/0	)1/2021	and ending			08/3	31/2022
<b>D</b>			of organization					D Employer ider	ntificatio	on number
D Che	eck if applic	KAL	AMAZOO SYMPHONY OR	CHESTRA						
	Address change		business as		,			38-6005	5710	
	Name cha	ange Numb	er and street (or P.O. box if mail is	s not delivered to street address)		Room/suite		E Telephone nur	nber	
	Initial ret	um 359	S. KALAMAZOO MALL	STE 100				(269)34	<u> 19 – 7'</u>	759
	Final retu terminate		r town, state or province, country,	and ZIP or foreign postal code						
	Amended return	KAL	<u>AMAZOO, MI 49007-4</u>	.843				G Gross receipts	-	4,912,238
	Application pending	on <b>F</b> Name	and address of principal officer:	JESSICA MALLO	W GULLI	ΞY		H(a) Is this a grou subordinates		for Yes X N
		359	S. KALAMAZOO MALL	STE 100, KALAMAZ	00, MI	49007-4	84	H(b) Are all subord	inates inclu	uded? Yes N
I T	ax-exem	pt status:	X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1)	or 52	7	lf "No," at	tach a list	st. See instructions
JW	Vebsite:	► WWW.	KALAMAZOOSYMPHONY.					H(c) Group exemp		
_		organization:	X Corporation Trust	Association Other ►		L Year of	f format	ion: 1920 <b>M</b> :	State of	f legal domicile: MI
Pa	rt I	Summary	,							
			e the organization's mission	Ũ	-				<u>200 S</u>	SYMPHONY
Ce			A IS TO SERVE OUR		H OUTSI	TANDING	MUSI	CAL		
rnai	L	ISTENIN	G AND LEARNING EXP							
Governance		heck this boy	•	discontinued its operations	•				I I	
ŭ			ting members of the governing						3	3
es 6			lependent voting members of						4	3
Activities &			of individuals employed in ca						5	26
Cti			of volunteers (estimate if neces						6	17
			d business revenue from Part						7a	
	b N	et unrelated	business taxable income from	Form 990-T, Part I, line 11			<u></u>		7b	
	•							Prior Year		Current Year
ne			and grants (Part VIII, line 1h)					952,75		2,064,951
Revenue			ce revenue (Part VIII, line 2g)				104,21	402,113		
			come (Part VIII, column (A), lin					73,36		462,678
			e (Part VIII, column (A), lines 5				<u> </u>		30.	9,160
			<ul> <li>add lines 8 through 11 (mus milar amounts paid (Part IX, co</li> </ul>					1,130,37	30.	2,938,902 NON
			to or for members (Part IX, col						SU. DNE	NON
			r compensation, employee ber					264,19		2,124,596
ses		-	undraising fees (Part IX, colum	( ))	<i>,</i> -				ONE	Z,124,390 NON
Expense			ing expenses (Part IX, column							11011
ŭ,			es (Part IX, column (A), lines 1					576,89	30	1,648,440
			s. Add lines 13-17 (must equa					841,72		3,773,036
			expenses. Subtract line 18 fro				<u> </u>	288,64		-834,134
	13 10	evenue less	expenses. Subtract line to no				Begin	ning of Current Y		End of Year
Net Assets or Fund Balances	<b>20</b> To	otal assets (F	Part X, line 16)					27,645,00		22,806,442
Bal			(Part X, line 26)					790,70		506,661
Ind			fund balances. Subtract line 2					26,854,30		22,299,781
Par		Signature				<u></u>		20,001,00		
		•	I declare that I have examined t . Declaration, of preparer (other that	his return, including accompar	nying schedu	les and staten	nents, a	and to the best of	my kn	owledge and belief, it i
true,	correct,	and complete	. Declaration of preparer (other tha	an officer) is based on all inform	ation of whi	ch preparer ha	s any ki	nowledge.		
		$ \sim $	Y Frillun					03/27	7/202	23
Sign	1 '	Signature	of officer					Date		
Here		JESSI	CA MALLOW GULLEY		EXE	CUTIVE 1	DIRE	CTOR		
		·	int name and title							
	F	Print/Type pre	parer's name	Preparer's signature		Date		Check	if PTI	IN
Paid	J	ACOB CO	JOK	JACOB COOK		03/23	/2023		ed P	01240455
Prepa		irm's name	▶ BDO USA, LLP	·				Firm's EIN 🕨		-5381590
Use (	oniy ⊢	irm's address		STE 300 GRAND RAPIDS, MI	49503			Phone no.		6-774-7000
May	the IR	S discuss t	this return with the prepare	er shown above? See ins	tructions			<u></u>		X Yes No
For P	Paperw	ork Reducti	on Act Notice, see the separa	ate instructions.						Form <b>990</b> (2021)

For	KALAMAZOO SYMPHONY ORCHESTRA rm 990 (2021)	38-6005710 Pa	age <b>2</b>
	art 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 MISSION OF THE KALAMAZOO SYMPHONY ORCHESTRA IS TO SERVE OUR		
	COMMUNITY THROUGH OUTSTANDING MUSICAL LISTENING AND LEARNING		
	EXPERIENCES.		
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?		No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any p		
Ū	services?		No
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grant the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,930,649. including grants of \$) (Revenue \$)	402,113.)	
	PRESENTATION OF OVER 40 EVENTS EACH YEAR, INCLUDING SIX SEASON		
	SUBSCRIPTION CONCERTS AND RELATED ACTIVITIES, EDUCATIONAL CONCERTS, LECTURES, CHAMBER CONCERTS, POPS CONCERTS AND FAMILY		
	CONCERTS.		
4b	• (Code:) (Expenses \$ including grants of \$) (Revenue \$)	)	
4c	: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
	Total program service expenses ► 2,930,649.		
JSA 1E1		Form <b>990</b> (2	2021)
	5173TT 701U V21-7.8F 2021 FULL YEAR	6	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII.	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
5	fundraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
10				X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10		v
10		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		37
<u> </u>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)

Form **990** (2021)

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		37
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			<u></u>
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00	Λ	
1 an	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
	Enter the number reported in her 2 of Form 4000. Fater 0 if act and in the liter of		105	110
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 1E1030	1.000	Form	990	(2021)

Form 990 (2021)

### KALAMAZOO SYMPHONY ORCHESTRA

Form	990 (2021)		F	Page 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return. 265							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10								
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11								
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)	12a						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a						
а	Is the organization licensed to issue qualified health plans in more than one state?	1Ja						
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which							
D	the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	14a		x				
		14b		21				
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
13	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.			27				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
10	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
JSA		_	000					

Form §	290 (2021) KALAMAZOO SYMPHONY ORCHESTRA 38-6005	5710	F	age 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 31	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		37
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?			
7a	one or more members of the governing body?	7a	х	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.04	37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ $MI$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
_	X       Own website       Another's website       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
• -	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 record JESSICA MALLOW GULLEY 359 S. KALAMAZOO MALL, SUITE 100 KALAMAZOO, MI 49007	IS 🕨		
	269-349-7759	Form	gan	(2021)
JSA		FOUL	550	(2021)
1E1042	5173TT 701U V21-7.8F 2021 FULL YEAR		10	

38-6005710

rari vii	compensation of	Officers,	Directors,	musiees,	ney	Employees,	nignesi	Compensated	Employees,	anu
	Independent Contra	actors								
	Check if Schedule O	contains a r	esponse or n	ote 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, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	(C) Position theck more than one ss person is both an d a director/trustee) Officer Officer Officer New employee e e ompensated		an iee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) JESSICA MALLOW GULLEY	40.00									
EXECUTIVE DIRECTOR	NONE			x				115,871.	NONE	14,430.
(2) JULIAN KUERTI	5.00									
MUSIC DIRECTOR	NONE			Х				59,514.	NONE	19,244.
(3) PAMELA ENSLEN	1.00									
IMMEDIATE PAST PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) JAMES BRIDENSTINE	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) LYNN L. CHEN-ZHANG	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) FIONA DENNY	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) RONALD FOOR	5.00	-								
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(8) CURTIS HALL	5.00	-								
PRESIDENT ELECT	NONE	Х		Х				NONE	NONE	NONE
(9) RENEE PEARL	5.00	-								
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(10) HEIDI BERVEN	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) ANDY DOMINIANNI	2.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) STEPHANIE HINMAN	2.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) PATRICIA KENTER	5.00	-								
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(14) SCOTT SPERRY	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

#### KALAMAZOO SYMPHONY ORCHESTRA

Form 990 (2021)										
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (a	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	erson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimat amount other compense from th organiza and rela organizat
( 15) DIANE ROBERTSON	2.00									
DIRECTOR	NONE	Х						NONE	NONE	
( 16) JANE ROOKS ROSS	2.00									
	NONTE	77						NTONTE		

		4							
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 17) MICHAEL SCHLACK	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 18) JACK VAN SLAMBROUCK	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 19) REHEMA BARBER	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 20) THOMAS L. DREWS	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 21) FRITZ KLUG	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 22) CINDY KOLE	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 23) COLLEEN MCBRIDE	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 24) STEPHANIE SLINGERLAND	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
( 25) NKENGE BERGAN	2.00								
DIRECTOR	NONE	Х				NONE	NONE	NONE	
1b Sub-total					. ►	175,385.	NONE	33,674.	
c Total from continuation sheets to Part VII, Se	ection A				►	NONE	NONE	NONE	
d Total (add lines 1b and 1c)									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of									

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 **>** 1

3	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>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

### **Section B. Independent Contractors**

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

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

3

4

5

NONE

(F) Estimated amount of

other compensation from the

organization and related organizations

### KALAMAZOO SYMPHONY ORCHESTRA

(A)	(B)			(0	C)			(D)	(E)		(F	-)
Name and title	Average				ition			Reportable	Reporta	ble	Estim	ated
	hours per	`				e than or		compensation	compensatio		amou	
	week (list any hours for	office	er and			is both a or/truste		from	related		oth compe	
	related	2 5						the	organizat (W-2/1099-		from	
	organizations	dir	stitu	Officer	e∛ e	nplo	Former	organization (W-2/1099-MISC)	(00-2/1099-		organi	
	below dotted	dua	utio	Ϋ́	mp	est c	er	(10-2/1033-10100)			and re	elated
	line)	r tr	nal t		Key employee	<sup>w</sup> n					organiz	zations
		or director	Institutional trustee		e	Dens						
			ee			Highest compensated employee						
6) DANIEL GUSTIN	2.00					<u>a</u>						
IRECTOR	NONE	x						NONE		NONE		NC
7) KAREN ISBLE	2.00											
IRECTOR	NONE	x						NONE		NONE		NC
8) AIMEE JACHYM	2.00											
IRECTOR	NONE	Х						NONE		NONE		NC
9) DAVID THOMS	2.00											
IRECTOR	NONE	X						NONE		NONE		NC
0) DARREN TIMMENEY	2.00_	_										
IRECTOR	NONE	X						NONE		NONE		NC
1) D. TERRY WILLIAMS	2.00_	-										
IRECTOR	NONE	X						NONE		NONE		NC
2) STEPHEN WILLIAMS	2.00_											
IRECTOR	NONE	X						NONE		NONE		NC
3) BRONWYN HALTOM	<u>2.00</u> NONE							NONT		NONT		NTC
IRECTOR	NONE	X						NONE		NONE		NC
	-+	-										
	-+	-										
b Sub-total												
c Total from continuation sheets to Part VII.					• •							
d Total (add lines 1b and 1c)												
Total number of individuals (including but no	t limited to t					e) who	re	ceived more than	\$100,000 c	of		
reportable compensation from the organizati	on 🕨											
											Y	es N
Did the organization list any <b>former</b> off employee on line 1a? If "Yes," complete Sche											2	
											3	
For any individual listed on line 1a, is the												
organization and related organizations g individual											4	
Did any person listed on line 1a receive o												
for services rendered to the organization? If "											5	
ection B. Independent Contractors	,					r						
Complete this table for your five highest co compensation from the organization. Report year.												
(A)							1	(B)			(C)	
(A) Name and business a	ddress							<b>(B)</b> Description of se	rvices	Co	(C) mpensat	ion
							+	*				
			_		_							_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

### Form 990 (2021)

### KALAMAZOO SYMPHONY ORCHESTRA Part VIII Statement of Revenue

Г

		Check if Schedule O contains	a respor	nse or note to ar	ny line in this Part \	/		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		2,600.				
Ωe	c	Fundraising events						
fts, r A	d	Related organizations						
ila	e	Government grants (contributions)		443,542.				
ns, Sim	f	All other contributions, gifts, grants,						
er S	•	and similar amounts not included above	. 1f	1,618,809.				
ibu		Noncash contributions included in	·   · · ·	_,,				
d or	g	lines 1a-1f	. 1g	\$ 4,117.				
anco	h				2,064,951.			
				Business Code	2,001,991.			
e	-	TICKET REVENUES		711130	297,068.	297,068.		
Program Service Revenue	2a	CONTRACT FEES		711130	105,045.	105,045.		
Sei	b			/11150	105,045.	105,045.		
n Nel	C							
gra Re	d							
ro Lo	е							
ш.	f	All other program service revenue			402 112			
	g	Total. Add lines 2a-2f			402,113.			
	3	Investment income (including di			270 620			270 620
		other similar amounts)			278,628.			278,628.
	4	Income from investment of tax-exe	•	•	NONE			
	5	Royalties	Real	(ii) Personal	63.			63.
	_		Nedi					
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NONE					
	d	Net rental income or (loss)			NONE			
	7a		ecurities	(ii) Other				
		sales of assets						
		other than inventory 7a 2	157,386.					
an	b	Less: cost or other basis						
evenue		and sales expenses 7b 1	973,336.					
Rev	С	Gain or (loss) 7c	184,050.					
	d	Net gain or (loss)	· · <u>· · · ·</u>	<u></u>	184,050.			184,050.
Other	8a	Gross income from fundrais	ing					
0		events (not including \$						
		of contributions reported on I	ne					
		1c). See Part IV, line 18	. 8a	NONE				
	b	Less: direct expenses	8b	NONE				
	С	Net income or (loss) from fundraisir	g events	<u></u> ▶	NONE			
	9a	Gross income from gam	ng					
		activities. See Part IV, line 19	. 9a	NONE				
	b	Less: direct expenses	9b	NONE				
	с	Net income or (loss) from gaming			NONE			
	10a	Gross sales of inventory, le	ess					
		returns and allowances		NONE				
	b	Less: cost of goods sold	10b	NONE				
	c	Net income or (loss) from sales of in			NONE			
s				Business Code				
Miscellaneous Revenue	11a	ADVERTISING		711130	1,588.	1,588.		
ane	b	TICKET FEES AND OTHER		711130	7,509.	7,509.		
ell: eve	c							
isc R	d	All other revenue						
Σ	e	Total. Add lines 11a-11d		·	9,097.			
	12	Total revenue. See instructions			2,938,902.	411,210.		462,741.

JSA 1E1051 1.000 5173TT 701U

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) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 206,397. 163,822. 27,401. 15,174. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,580,283. 1,234,377. 230,456. 115,450. 66,809. 54,976. 7,388. 4,445. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 107,807 78,363 11,493 17,951. 9 163,300. 134,943. 18,903. 9,454. Payroll taxes 10 11 Fees for services (nonemployees): 36,7<u>63</u> 36,763. NONE NONE a Management 61,621 54,593. 7,028 NONE **b** Legal 20,130. 20,130 NONE NONE c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 166,238 158,784. NONE 7,454. (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 158,643 144,456 514 13,673. 12 94,906. 40,749. 18,528. 35<u>,</u>629. 13 Office expenses 14 Information technology 98,017. 16,293. 69,268. 12,456. NONE 15 Royalties Occupancy 69,824 NONE 69,824. NONE 16 <u>3,</u>141. 206,733. 203,592. NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 28,993 21,289 7,704 NONE 22 17,605. 17,605. NONE NONE Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a CONCERT PRODUCTION EXPENSES 585,781 585,781 NONE NONE 69,116 24,097 5,399 39,620. LECTURES, EVENTS, RECEPTIONS b c DUES AND SUBSCRIPTIONS 25,732 14,534. 10,873. 325. d MEALS AND ENTERTAINMENT 8,338 8,338. NONE NONE e All other expenses Total functional expenses. Add lines 1 through 24e 3,773,036. 2,930,649. 570,756 271,631. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,376,224.	1	478,954
	2	Savings and temporary cash investments.	256,815.	2	256,884
	3	Pledges and grants receivable, net	544,348.	3	328,277
	4	Accounts receivable, net	887,857.		765,509
	5	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	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
ts	7	Notes and loans receivable, net	NONE	7	NON
Assets	8	Inventories for sale or use	NONE		NON
¥	9	Prepaid expenses and deferred charges	28,956.		31,026
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation <b>10b</b> 442,479.	414,586.	10c	416,446
	11	Investments - publicly traded securities	24,136,217.		20,529,346
	12	Investments - other securities. See Part IV, line 11	NONE		NON
	13	Investments - program-related. See Part IV, line 11	NONE		NON
	14	Intangible assets	NONE		NON
	15	Other assets. See Part IV, line 11	NONE	15	NON
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,645,003.	16	22,806,442
	17	Accounts payable and accrued expenses	311,673.		213,928
	18	Grants payable	NONE		NON
	19	Deferred revenue	65,403.	19	292,733
	20	Tax-exempt bond liabilities	NONE		NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ŝ	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NON
	23	Secured mortgages and notes payable to unrelated third parties	413,627.	23	NON
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NON
	26	Total liabilities. Add lines 17 through 25	790,703.	26	506,661
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	18,269,399.	27	15,344,758
ñ	28	Net assets with donor restrictions	8,584,901.	28	6,955,023
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	26,854,300.	32	22,299,781
Z	33	Total liabilities and net assets/fund balances	27,645,003.	33	22,806,442
					Form <b>990</b> (202

	KALAMAZOO SYMPHONY ORCHESTRA	38-600	0571	0			
Form 99	JO (2021)					Pa	je <b>12</b>
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						Χ
1	Total revenue (must equal Part VIII, column (A), line 12)		1		2,9	38,	902.
2	Total expenses (must equal Part IX, column (A), line 25)		2		3,7	73,	036.
3	Revenue less expenses. Subtract line 2 from line 1		3		-8	34,	134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	2	6,8	54,	300.
5	Net unrealized gains (losses) on investments		5	_	3,7	20,	<u>385</u> .
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O).		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line					
	32, column (B))		10	2	2,2	99,	<u>781</u> .
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII.						
						Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "	Other," ex	plain o	on			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent acco	untant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	were com	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate b	oasis					
b	Were the organization's financial statements audited by an independent accountant?				2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year v	vere audit	ted on	а			
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate t	oasis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for ove	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent	accounta	nt?		2c	Χ	
	If the organization changed either its oversight process or selection process during the ta	x year, ex	cplain c	on			
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	th in th	ne			
	Single Audit Act and OMB Circular A-133?				3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	d not und	ergo tl	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to underg	o such au	udits .		3b		

Form **990** (2021)

SCHEDULE A (Form 990)

### 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.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-E2.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization						fication number
KALAMAZOO SYMPHONY ORCHE Part I Reason for Public Cha		organizations must		te this n		5005710
The organization is not a private for					,	
1 A church, convention of ch			•		,	
2 A school described in sect						
3 A hospital or a cooperative			-		(1)(A)(iii).	
4 A medical research organi	-	-				)(iii). Enter the
hospital's name, city, and s	state:					
5 An organization operated	for the benefit of	a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
section 170(b)(1)(A)(iv). (	• • •					
6 A federal, state, or local g						
7 X An organization that norm		-	ipport fro	om a go	vernmental unit or fr	om the general public
described in section 170(b						
8 A community trust describ					lin conjunction with a	land grant callege
9 An agricultural research or or university or a non-land	-			-	-	
university:	-grant conege of ac		.ions). Ei		name, city, and state t	I the college of
<ul> <li>An organization that normal receipts from activities relased support from gross investracquired by the organization</li> <li>An organization organized</li> </ul>	ated to its exempt f ment income and u ion after June 30, 1	functions, subject to c inrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (C	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	in 331/3 % of its
12 An organization organized		•	•			rry out the purposes of
one or more publicly suppo	-	-	-			
the box on lines 12a throu	-					
a Type I. A supporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	, typically by giving
the supported organizati	- ·	-	-			
supporting organization.	You must complet	te Part IV, Sections A	and B.			
<b>b Type II.</b> A supporting or	ganization supervis	ed or controlled in co	nnection	ı with its	supported organizat	ion(s), by having
control or management		-	the sam	e persor	ns that control or mai	nage the supported
organization(s). <b>You mus</b>	-					
c Type III functionally inte						illy integrated with,
its supported organizatio						
d <b>Type III non-functionally</b> that is not functionally int						• • • • •
requirement (see instruc			-		-	u an allentiveness
e Check this box if the org		-				II. Type III
functionally integrated, o						, ,, ,, ,,
f Enter the number of supporte						
g Provide the following informat	ion about the supp	orted organization(s).			1	1
(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))		ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(0)						
(C)						
(D)						
			<b> </b>			
(E)						
						+
Total					1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,723,988.	3,855,472.	2,529,814.	952,757.	2,064,951.	11,126,982.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,723,988.	3,855,472.	2,529,814.	952,757.	2,064,951.	11,126,982.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						2,054,987.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						9,071,995.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_		1,723,988.	3,855,472.	2,529,814.	952,757.	2,064,951.	11,126,982.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	458,287.	346,074.	355,804.	73,398.	278,691.	1,512,254.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE	49,237.	20,363.	6,794.	NONE	9,097.	85,491.
11	Total support. Add lines 7 through 10 .						12,724,727.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,417,017.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	r the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li	ne 6, column (f)	), divided by line	11, column (f))		14	71.29 <b>%</b>
15	Public support percentage from 2020						66.55 <b>%</b>
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and <b>stop here.</b> The organization q			-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
10	organization						
18	Private foundation. If the organization						
	instructions						<u>· · · 🖻 🖂</u>

Schedule A (Form 990) 2021

## 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.)

Sec	tion A. Public Support					-	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	1	1	1	1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	 					
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	 					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	 					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	 					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First 5 years. If the Form 990 is for	-			•		
<u></u>	organization, check this box and <b>stop here</b>						
	tion C. Computation of Public Sup	-		(f))			0/
15	Public support percentage for 2021 (line 8					15	<u>%</u>
16 500	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investmen			12 column (f))		17	%
17	Investment income percentage for 2021 (li						<u> </u>
18 10 a	Investment income percentage from 2020 331/3% support tests - 2021. If the or						
198		-					
h	17 is not more than 331/3%, check this 331/3% support tests - 2020. If the org	-	-			•••••	
u	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization		•	0			
JSA		and not oneok		,	, 511000 1113 DC		e A (Form 990) 2021
1E122	1 1 000						. , .

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part	V Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		

•	Thas the organization accepted a girt of contribution from any of the following persons:	
а	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?	11a
b	A family member of a person described on line 11a above?	11b

- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 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? 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.

### Section C. Type II Supporting Organizations

 Yes
 No

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

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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</i>			
	supported organizations played in this regard.	3		

### 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).				
а	a The organization satisfied the Activities Test. Complete line 2 below.				
b	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
С	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).				
		Y	(es	Ne	
2	Activities Test. Answer lines 2a and 2b below.				

а	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a	
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</i> "Yes," <i>explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would</i>		
	have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		

- a 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

3a

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V21-7.8F 2021 FULL YEAR

Yes No

11c

1

2

38-6005710

Schedule A (Form 990) 2021			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orga           1         Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 ( <i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2021 distributable amount			_	
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributohs of prior years			_	
	Applied to 2021 distributable amount				
 5	Remainder. Subtract lines 4a and 4b from line 4.				
Э	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
 b	Excess from 2018			-	
 C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
PROGRAM ADVERTISING MISCELLANEOUS	29,085. 20,152.	9,470. 10,893.	NONE 6,794.	NONE	1,588. 7,509.	40,143. 45,348.
TOTALS	49,237.	20,363.	6,794.	NONE	9,097.	85,491.

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

KALAMAZOO SYMPHONY ORO	KALAMAZOO SYMPHONY ORCHESTRA 38-6005710			
Organization type (check one):				
Filers of: Section:				
Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	ion		
	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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	KALAMAZOO SYMPHONY ORCHESTRA		38-6005710
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$129,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$124,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Page 2 Employer identification number 38-6005710

	KALAMAZOO SYMPHONY ORCHESTRA		38-6005710
Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$409,412	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$41,506	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number 38-6005710

	(Form 990) (2021)		Page
Name of o	rganization		lentification number
	KALAMAZOO SYMPHONY ORCHESTRA		-6005710
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Page 3

KALAMAZOO SYMPHONY ORCHESTRA       38-6005710         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) the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable 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) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h Part I         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h Part I         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (c) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         Part I       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h	Schedule B (F	Form 990) (2021)			Page <b>4</b>
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) the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$	Name of org	ganization			Employer identification number
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable 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) No. From       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         Part 1       (e) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. From       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (a) No.       (e) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         (e) Transfer of gift       (e) Transfer of gift       (f) Description of how gift is h					
Part I		(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par e year. (Enter this in	one contributor. ( t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
Part I			•		(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	Part I				
Part I		Transferee's name, address, a		-	ship of transferor to transferee
Part I					
	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		Transferee's name, address, a		-	ship of transferor to transferee
(a) No.	(a) No.				
(a) No.       from       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h         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		Transferee's name, address, a	and ZIP + 4	Relation:	hip of transferor to transferee
(a) No. from Part I       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is h	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a		-	ship of transferor to transferee
JSA Schedule B (Form 990					Schedule B (Form 990) (2021)

SCHEE	DULE I	כ
(Form	990)	

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990

2 Ζ

OMB No. 1545-0047

	artment of the Treasury		Attach to Form 99							PUDIIC
Name of the organization			.gov/Form990 for instructions and the latest information.					Inspection ication number		
						Emt	•		umber	
	LAMAZOO SYMPHO			<u></u>			38-60057	710		
Pa		tions Maintaining Donor Advi				ACCC	ounts.			
	Complete	e if the organization answered								
			(a) Donor advis	sed fund	ds	(	b) Funds and	other	account	ts
1	Total number at e	nd of year								
2		of contributions to (during year)								
3	Aggregate value of	of grants from (during year)								
4		at end of year								
5	Did the organizat	ion inform all donors and donor	advisors in writing the	at the	assets held	in doı	nor advised			
	funds are the orga	anization's property, subject to the	organization's exclusiv	/e lega	I control?				Yes	No
6		ion inform all grantees, donors, a								
		e purposes and not for the benef								
	conferring imperm	nissible private benefit?							Yes	No
Pa		tion Easements.								
		e if the organization answered								
1	Purpose(s) of con	servation easements held by the	organization (check all	that ap	ply).					
	Preservatio	n of land for public use (for example	, recreation or education)	F	Preservation	of a hi	istorically im	porta	ant land	area
	Protection of	of natural habitat		F	Preservation	of a c	ertified histo	ric st	ructure	
	Preservatio	n of open space								
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conserva	ation c	ontribution in	the fo	orm of a con	serva	ation	
	easement on the	last day of the tax year.					Held at the	End	of the Ta	ax Year
а	Total number of c	onservation easements				2a				
b	Total acreage res	tricted by conservation easements	3			2b				
С	Number of conser	rvation easements on a certified I	historic structure include	ed in (a	a)	2c				
d	Number of conse	rvation easements included in (c	) acquired after 7/25/0	)6, and	d not on a					
	historic structure I	listed in the National Register				2d				
3		ervation easements modified, trai				nated	by the orga	aniza	tion du	iring the
	tax year 🕨									
4	Number of states	where property subject to conse	rvation easement is loca	ated 🕨						
5	Does the organiz	ation have a written policy reg	arding the periodic n	nonitor	ring, inspecti	ion, h	andling of			
	violations, and enf	forcement of the conservation eas	sements it holds?						Yes	l No
6	Staff and volunteer	hours devoted to monitoring, inspe	ecting, handling of violat	ions, a	nd enforcing	consei	vation easem	ents	during	the year
	▶				-				-	
7	Amount of expense	ses incurred in monitoring, inspect	ting, handling of violatio	ns, and	d enforcing co	onserv	vation easem	ents	during	the year
	▶\$									
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the re	quirem	nents of section	on 170	)(h)(4)(B)(i)			
	and section 170(h	)(4)(B)(ii)?							Yes	l No
9	In Part XIII, descri	ibe how the organization reports	conservation easemen	ts in its	s revenue and	l expe	nse statemer	nt and	b	
	balance sheet, an	d include, if applicable, the text o	of the footnote to the or	ganiza	ation's financi	al stat	ements that	desc	ribes th	е
		counting for conservation easeme								
Pa		tions Maintaining Collections				r Simi	ilar Assets.			
	Complete	e if the organization answered	"Yes" on Form 990,	Part I\	/, line 8.					
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote	SB ASC 958, not to r s held for public exh to its financial statemen	eport i ibition, nts tha	in its revenue education, t describes th	e state or rea	ement and b search in fu ems.	alan rthei	ce she ance c	et works of public
b	If the organization art, historical trea	n elected, as permitted under FA sures, or other similar assets hel ring amounts relating to these iter	ASB ASC 958, to repo Id for public exhibition	rt in it	s revenue st	tatem	ent and bala	ince	sheet v	works of
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1					▶ \$			
	(ii) Assets include	ed in Form 990, Part X					▶ \$			
2	If the organizatio	in received or held works of a	rt, historical treasures.	or ot	her similar a	assets	for financia	al da	in, pro	vide the
	•	s required to be reported under F							· 1	
а	-	l on Form 990, Part VIII, line 1	-				► \$			

b	Assets	includ	ed in	Form	990,	Part	Χ.														
For Paperwork Reduction Act Notice, see the Instructions for Form 990.																					

•	\$			
s	chedule D	(Form	990)	2021

►

		AMAZOO SYMPHON			or Other	r Similar A		05710	Page 2
3	<b>rt III</b> Organizations Maintainin Using the organization's acquisition	-			-		•		,
a	collection items (check all that apply Public exhibition			Loan or excha		-			
b	Scholarly research		e	Other	ingo progre				
c	Preservation for future gener	ations							
4	Provide a description of the organ XIII.		and explain	how they fur	ther the or	rganization's	s exempt	purpose	in Part
5		n a aliait ar raaaiya a	lonations of a	rt biotorioal tr		othor aimile	. r		
5	During the year, did the organizatio assets to be sold to raise funds rath							Yes	No
Pa	rt IV Escrow and Custodial Ar		anieu as part	or the organiza				Tes	
Γa	Complete if the organization of the second s		es" on Form	990, Part IV,	line 9, or	reported ar	n amount	on For	m
1a	Is the organization an agent, trust	ee, custodian or o	ther intermed	liary for contr	ibutions or	other asse	ets not		
	included on Form 990, Part X?			-			[	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the follow	ving table:			· · · ∟		
		·		Ŭ [			Amount		
с	Beginning balance				1c				
d	Additions during the year			1	1d				
е	Distributions during the year				1e				
f	Ending balance			1	1f				
2a	Did the organization include an amo	ount on Form 990,	Part X, line 2 <sup>-</sup>	1, for escrow o	or custodia	l account lial	oility?	Yes	No
	If "Yes," explain the arrangement in								
	rt V Endowment Funds.		•						
	Complete if the organiza	tion answered "Ye	es" on Form	990, Part IV,	line 10.				
		(a) Current year	(b) Prior ye	ar (c) Two	o years back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	23,844,217.	23,217,	172. 17,9	976,549.	17,01	1,902.	17,72	21,976.
b	Contributions	692,450.	117,	294. 6	530,393.			560,58	
	Net investment earnings, gains,								
C	and losses	-3,175,169.	781,	405. 5,6	513,552.	1,20	7,764.	31	74,076.
d	Grants or scholarships								
	Other expenditures for facilities								
c	and programs	1,002,260.	242,	388. 9	900,000.	1,60	2,000.	1,55	58,000.
f	Administrative expenses	113,897.			103,322.		7,822.		36,732.
g	End of year balance	20,245,341.	23,844,		217,172.	17,97	6,549.		L1,902.
2	Provide the estimated percentage								
2 a	Board designated or quasi-endowm	ent ► 70.5400	%	ine rg, column		5.			
b	Permanent endowment  27.74								
c	Term endowment ► 1.7200								
	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in t	•		on that are held	d and admi	nistered for	the		
	organization by:	-						Y	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
-	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.			line 11a.	See Form	990, Par	t X, line	10.
	Description of property	(a) Cost or	other basis (k	) Cost or other ba	isis (c) Ad	cumulated		Book valu	
10	Land	(inves		(other)	aep	reciation			
1a ⊾	Land								
b	Buildings								
C L	Leasehold improvements			260.00	1 7				
d	Equipment			260,99		222,446.			,545.
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must say al F-	n 000 Dort V	597,93		220,033.			,901.
rota	I. Aud lines ta through te. (Column	(u) must equal For	п ээо, мап Х,	colui III (B), III		<u> </u>		416	,446.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
-	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	L ")/		Dent V line 45
	Complete if the organization answered		), Part IV, line 11d. See Form 990,	
(4)	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			n 990, Part X,
1.		tion of liability		(b) Book value
-	al income taxes			(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

X

Schedu	le D (Form 990) 2021 KALAMAZOO SYMPHONY ORCHESTRA	38	-6005710 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	-471,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	_ 2e	-3,410,353.
3	Subtract line 2e from line 1		2,938,902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,938,902.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	. 1	4,083,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	310,032.
3	Subtract line 2e from line 1	. 3	3,773,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	. 5	3,773,036.
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.

SEE SUPPLEMENTAL PAGE

Schedule D (Form 990) 2021

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROVIDE LONG-TERM SUPPORT FOR THE ORGANIZATION'S OPERATIONS.

SCHEDULE D, PART X, LINE 2

THE ORCHESTRA IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A NON-PROFIT ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS.

THE ORCHESTRA APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES. TAX BENEFITS THAT HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES ARE RECOGNIZED.

BASED ON ITS EVALUATION, THE ORCHESTRA HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS. SCHEDULE D, PART XI

SCHEDULE D, PART XI, LINE 2D:

EMPLOYEE RETENTION CREDIT

\$108,809

SCHEDULE D, PART XII

SCHEDULE D, PART XI, LINE 2D:

EMPLOYEE RETENTION CREDIT

\$108,809

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

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



38-6005710

Department of the Treasury Internal Revenue Service

KALAMAZOO SYMPHONY ORCHESTRA

### FORM 990, PART VI, LINE 7A

POWER TO ELECT OR APPOINT

PER KSO BYLAWS, UP TO THREE (3) DIRECTORS SHALL BE ELECTED BY THE

MUSICIANS OF THE KALAMAZOO SYMPHONY ORCHESTRA AND UP TO TWO (2) DIRECTORS

SHALL BE ELECTED BY THE KALAMAZOO SYMPHONY ORCHESTRA LEAGUE.

### FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

EACH BOARD MEMBER WILL RECEIVE A COPY OF THE FINAL FORM 990, INCLUDING

ALL SCHEDULES, AT THE REGULARLY SCHEDULED BOARD MEETING. ALL

QUESTIONS/COMMENTS SUBMITTED WILL BE ADDRESSED PRIOR TO THE RETURN BEING FILED.

### FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST

AT THE BEGINNING OF EACH FISCAL YEAR, EACH MEMBER OF THE BOARD AND STAFF WILL COMPLETE AND UPDATE A COPY OF THE DISCLOSURE LETTER. THE LETTER WILL BE REVIEWED BY THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE EXECUTIVE DIRECTOR. MEMBERS OF THE BOARD AND STAFF WHO HAVE A CONFLICT OF INTEREST IN ANY MATTER SHALL REFRAIN FROM PARTICIPATING IN THE CONSIDERATION OF THE PROPOSED TRANSACTION. THE PERSON OR PERSONS INVOLVED WILL NOT VOTE ON SUCH MATTERS. FAILURE TO KNOWINGLY DISCLOSE A POTENTIAL CONFLICT OF INTEREST COULD RESULT IN DIS-AFFILIATION WITH OR TERMINATION OF EMPLOYMENT WITH THE KSO.

#### FORM 990, PART VI, LINE 15A

#### COMPENSATION REVIEW PROCESS

THE KSO EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION FOR THE

37

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EXECUTIVE DIRECTOR. IN DETERMINING COMPENSATION, MEMBERS OF THE EXECUTIVE COMMITTEE REVIEWED COMPENSATION INFORMATION FOR PERSON IN COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THROUGH THE LEAGUE OF AMERICAN ORCHESTRAS' ANNUAL COMPENSATION SURVEY. DOCUMENTATION OF DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE MAINTAINED AT THE KSO OFFICE.

### FORM 990, PART VI, LINE 19

AVAILABILITY OF DOCUMENTS

KSO MAKES ITS RETURN, GOVERNING DOCUMENTS, POLICIES AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC FOR INSPECTION AT ITS OFFICE.

### FORM 990, PART IX, LINE 11G

PART IX, LINE 11G, OTHER PROFESSIONAL SERVICES DETA	IL
OUTSIDE SERVICES - OPERATIONS	\$47,474
CONTRACT LABOR/OUTSIDE SERVICES - MARKETING	\$81,345
CONTRACT LABOR/OUTSIDE SERVICES - DEVELOPMENT	\$7,453
CONTRACT LABOR/OUTSIDE SERVICES - EDUCATION	\$29,965