** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| 2022 |
|------------------------------|
| Open to Public Inspection |

| A F | or the | = 2022 calendar year, or tax year beginning $=$ JUN | 1 1 , 2022 and | ending M | AY 31, 2023 | l | | |
|-------------------------|------------------------------|--|----------------------------------|---------------|----------------------------|--|--|--|
| | Check if pplicable | C Name of organization | | | D Employer identif | ication number | | |
| Г | Addres | Houston Symphony Society | | | | | | |
| | Name | | | | 74-11573 | 373 | | |
| | Initial return Final | Number and street (or P.O. box if mail is not deliver 615 Louisiana St. | E Telephone number 713-224-4240 | | | | | |
| _ | لــreturn/ termin ated | | G Gross receipts \$ | 34,446,601. | | | | |
| Г | Amend | , | H(a) Is this a group | | | | | |
| F | return Applic tion | · | Mangum | | for subordinate | | | |
| _ | pendin | same as C above | 5 | | H(b) Are all subordinates | | | |
| 1 7 | Гах-ехе | empt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | or 527 | 1 ` ′ | a list. See instructions | | |
| | Nebsit | | | | H(c) Group exempti | on number | | |
| | orm of | organization: X Corporation Trust Associated | ciation Other | L Year | of formation: 1913 | M State of legal domicile; T X | | |
| | _ | Briefly describe the organization's mission or most sig | nificant activities: Orche | agtra1 | nerformanc | | | |
| Se | | educational programs, and c | | | | CD, | | |
| Activities & Governance | l | Check this box if the organization disconting | | | | sets | | |
| Veri | l | Number of voting members of the governing body (Pa | | | 3 | 1 444 | | |
| ဗိ | 1 | Number of independent voting members of the govern | | | | 110 | | |
| ფ | | Total number of individuals employed in calendar year | | | | | | |
| iţie | | Total number of volunteers (estimate if necessary) | | | | 621 | | |
| çi | | Total unrelated business revenue from Part VIII, colum | | | | 0. | | |
| _ | | Net unrelated business taxable income from Form 990 | | | | 0. | | |
| | | | | | Prior Year | Current Year | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 26,049,116. | | | | |
| | 1 | Program service revenue (Part VIII, line 2g) | | 10,000,615. | | | | |
| | | Investment income (Part VIII, column (A), lines 3, 4, an | | 46,612. | | | | |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c | | | -101,740. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Par | | | 35,994,603. | • | | |
| | 1 | Grants and similar amounts paid (Part IX, column (A), | | | 0. | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), li | | | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part | | | 19,257,303. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line | 2 456 24 | | 87,079. | 09,003. | | |
| Ä | D | Total fundraising expenses (Part IX, column (D), line 25 | , <u> </u> | | 10,726,746. | 11,719,359. | | |
| | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11 Total expenses. Add lines 13-17 (must equal Part IX, c | | | 30,071,128. | | | |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | | 5,923,475. | | | |
| | 13 | Heverlae less expenses. Subtract line 10 non line 12 | | Be | ginning of Current Year | End of Year | | |
| ets (| 20 | Total assets (Part X, line 16) | | | 6,917,238. | | | |
| Assi | 21 | Total liabilities (Part X, line 26) | | | 17,391,900. | | | |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line | e 20 | | 10,474,662. | | | |
| Pa | art II | Signature Block | | | • | • | | |
| Und | er pena | lties of perjury, I declare that I have examined this return, inc | luding accompanying schedules | and stateme | ents, and to the best of m | y knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is | s based on all information of wh | ich preparer | has any knowledge. | | | |
| | | | | | <u>_</u> | | | |
| Sig | n | Signature of officer | | | Date | | | |
| Her | е | Elizabeth Condic, CFO | | | | | | |
| | | Type or print name and title | | 1.5 | S.1. | E L BTIN | | |
| _ | | | eparer's signature | | Date Check | PTIN | | |
| Paid | | | arbara Murphy | <u> </u> 0 | 4/10/24 self-empl | | | |
| | arer | Firm's name Blazek & Vetterling | | | Firm's EIN | 76-0269860 | | |
| Use | Only | Firm's address 2900 Weslayan, Suit | e 200 | | | 2 420 5720 | | |
| | | Houston, TX 77027 | On a brackward | | Phone no. / J | 3-439-5739 | | |
| May | / the IF | RS discuss this return with the preparer shown above? | See instructions | | | X Yes No | | |

Page 2

| | Check if Schedule O contains a response or note to any line in this Part III | X |
|----------|---|------------------------|
| 1 | Briefly describe the organization's mission: | |
| | The mission of the Houston Symphony is to inspire and enga | ge a large |
| | and diverse audience in Greater Houston and beyond through | exceptional |
| | orchestral performances, educational programs and communit | У |
| | activities. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mea | * * |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the | ne total expenses, and |
| 4- | revenue, if any, for each program service reported. (Code:) (Expenses \$24,559,370 . including grants of \$) (Revenue \$ | 10 /18 961 |
| 4a | (Code:) (Expenses \$24,559,370 • including grants of \$) (Revenue \$ See Schedule O | |
| <u>-</u> | bee beliedute o | |
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| | | |
| 4b | (Code:) (Expenses \$4 , 157 , 658 • including grants of \$) (Revenue \$ | 88,227. |
| | See Schedule O | |
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| | | |
| 4c | (Code:) (Expenses \$ | |
| -10 | / (Lexpenses w | |
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| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 28,717,028. |) |
| 4e | Total program service expenses 28, /1/, U28. | |

Form 990 (2022) Houston Symphony Society Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|--------------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in 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 | | X |
| 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, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | l | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ١ | | , v |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | X |
| | Schedule D, Parts XI and XII | 12a | | Α. |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12b | x | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | -25 | Х |
| 13 | | 13 14a | | X |
| 14a b | | 1 1 | | + |
| D | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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 | | | <u> </u> |
| | 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 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 Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

| Form | 1990 (2022) Houston Symphony Society 74-115 | 7373 | Р | age 4 |
|------|---|------|-----|-------|
| Par | rt 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 | | |
| 25a | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 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 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 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 |
| b | 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 | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | 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 | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |

| | check in concedure a contained a responde of flote to any line in the flat v | | | | | |
|----|---|--------|-----------|----|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 153 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | |

Form 990 (2022) Houston Symphony Society

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

| | | | | | Yes | No | | | |
|------------|--|---------|-----------------------|----------|-----|----|--|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | F00 | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 589 | 01 | v | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | X | v | | | |
| | , | | | 3a | | X | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | h. over e | 3b | | | | | |
| 48 | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | • | 4a | | Х | | | |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country | ccouri | η: | 44 | | 21 | | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | count | e (FRAR) | | | | | | |
| 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 at any time daring the tax year? | | | 5b | | X | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | |
| 6a | | | | | | | | | |
| | 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 contribution | | | | | | | | |
| | 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 ser | vices p | rovided to the payor? | 7a | X | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs requ | iired | | | | | | |
| | to file Form 8282? | | | 7с | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | .? | 7e 7f | | X | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | | | | |
| н 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained | | | 7h | | | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | Бу цік | - | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | Ŭ | | | | | |
| а | Did the appropriate agreement of the propriation and the propriation of the propriation and the propriatio | | | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 1 | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | l |) | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified paper of the alth incurance issuers. | 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | | | 100 | | | | | |
| b | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | | | | 14a | | Х | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | e O | | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | ation (| or | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incon | ne? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4051, 4052 or 40522 | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

Form 990 (2022) Houston Symphony Society 74-1157373 Page 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. See instructions.

| | to into ea, ob, or real bolow, according the another t | | | |
|-----|--|--------|---------|-----|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion 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 | | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 110 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process 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 | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X 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 interest policy, and | financ | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records Elizabeth Condic, CPA - 713-238-1465 | | | |
| | 615 Louisiana St., Ste 102, Houston, TX 77002 | | | |

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|--------------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|------------------------------|-----------------------|
| Name and title | Average | (do | not c | Pos | | | 200 | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson is | s both | n an | compensation | compensation | amount of |
| | week | _ | cer an | la a a | Irecto | r/trus | tee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | truste | al trus | | yee | mper | | 1099-NEC) | 1000 (120) | and related |
| | below | Individual trustee or director | Institutional trustee | la e | Key employee | Highest compensated employee | er | <u> </u> | | organizations |
| | line) | Indiv | Instit | Officer | Key 6 | High | Former | | | |
| (1) John Mangum | 40.00 | | | | | | | | | |
| Executive Director/CEO | 2.00 | | | Х | | | | 471,656. | 0. | 48,366. |
| (2) Yoonshin Song | 40.00 | | | | | | | | | |
| Musician | 0.00 | | | | | Х | | 327,155. | 0. | 15,459. |
| (3) Juraj Valcuha | 40.00 | | | | | | | | | |
| Music Director | 0.00 | | | | Х | | | 271,500. | 0. | 5,284. |
| (4) Nancy Giles | 40.00 | 1 | | | | | | | | |
| Chief Development Officer | 0.00 | | | | Х | | | 251,370. | 0. | 22,236. |
| (5) Elizabeth Condic | 40.00 | | | | | | | 044 406 | | |
| Chief Financial Officer | 2.00 | | | Х | | | | 211,426. | 0. | 34,342. |
| (6) Mark Nuccio | 40.00 | - | | | | | | | | 24 222 |
| Musician | 0.00 | | | | | Х | | 205,322. | 0. | 31,002. |
| (7) Victoria Dominguez | 40.00 | - | | | l | | | 010 466 | | 10 101 |
| Chief Operating Officer | 0.00 | | | | Х | | | 210,466. | 0. | 18,104. |
| (8) Brinton Smith | 40.00 | - | | | | l | | 100 040 | | 24 242 |
| Musician | 0.00 | | | | | Х | | 189,048. | 0. | 31,912. |
| (9) Eric Halen | 40.00 | - | | | | | | 100 400 | • | 02 252 |
| Musician | 0.00 | | | | | Х | | 183,480. | 0. | 23,373. |
| (10) Gwen Watkins | 40.00 | - | | | | ,, | | 104 260 | | 0 074 |
| Marketing Director | 0.00 | | | | | Х | | 194,362. | 0. | 8,974. |
| (11) John Rydman | 4.00 | ., | | ,, | | | | | | 0 |
| President | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (12) Janet Clark | 4.00 | Х | | х | | | | 0. | 0. | 0 |
| Chair (13) Barbara McCelvey | | Δ | | ^ | | | | 0. | 0. | 0. |
| ,, <u>.</u> | 4.00 | Х | | х | | | | 0. | 0. | 0 |
| Secretary (14) Barbara Burger | 4.00 | Δ | | ^ | | | | 0. | 0. | 0. |
| President-Elect | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (15) Steven Mach | 4.00 | Λ | | ^ | | | | 0. | 0. | <u> </u> |
| Immediate Past Chairman | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (16) Jonathan Ayre | 4.00 | Λ | | ^ | | | | 0. | 0. | <u> </u> |
| Chair, Finance | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (17) Brad Corson | 4.00 | ^ | | ^ | | | | 0. | 0. | <u> </u> |
| Chair, Governance & Leadership | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| onarr, dovernance a headership | 1 0.00 | Λ | L | 77 | <u> </u> | | | 1 0. | U • | - OOO (2222) |

Form **990** (2022)

| Form 990 (2022) Houston S | Symphony | , S | oc | ie | ty | , | | | 74-1157 | 373 Page 8 |
|---|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|-------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hi | ghes | t Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | <mark>າ</mark> than d | nne | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | an | compensation | compensation | amount of |
| | week | | cer ar | id a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | يو | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | Individual trustee or director | Institutional trustee | | | Highest compensated employee | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | below | ıal tr. | onal | | Key employee | ee com | | 1099-NEC) | | and related |
| | line) | divid | stituti | Officer | y em | ghest | Former | | | organizations |
| (18) Manuel Delgado | 4.00 | 드 | 드 | JO. | ₹ e | 를 들 | 요 | | | |
| Chair Marketing & Communication | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (19) Evan Glick | 4.00 | 22 | | 25 | | | | • | • | • |
| Chair Popular Programming | 0.00 | х | | x | | | | 0. | 0. | 0. |
| (20) Lidiya Gold | 4.00 | | | | | | | | | <u> </u> |
| Chair, Development | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (21) Sippi Khurana | 4.00 | | | | | | | | | |
| Chair, Education | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (22) Mary Lynn Marks | 4.00 | | | | | | | | | |
| Chair, Volunteers & Special Events | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (23) Paul Morico | 4.00 | | | | | | | _ | _ | _ |
| General Counsel | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (24) Robert Orr | 4.00 | | | | | | | | | |
| Chair, Strategic Planning | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (25) Ed Schneider | 4.00 | | | | | | | | | |
| Chair, Community Partnerships | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (26) Miles Smith | 4.00 | | | | | | | | | |
| Chair, Artistic & Orchestra Affairs | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,515,785. | 0. | 239,052. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,515,785. | 0. | 239,052. |

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х 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 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|--|---------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| Levy Food Services, 1001 Avenida De Las | | |
| Americas, Houston, TX 77010 | Food services | 462,507. |
| Opus 3 Artists LLC | Artistic talent | |
| 348 West 57th St #282, New York, NY 10019 | agent | 431,884. |
| William Morris Endeavor Entertainment | Artistic talent | |
| 9601 Wilshire Blvd, Beverly Hills, CA 90210 | agent | 333,700. |
| Itzhak Perlman | | |
| 19 West 69th St #601, New York, NY 10023 | Artist | 300,000. |
| R.R. Donnelley | | |
| PO Box 932721, Cleveland, OH 44193 | Marketing services | 277,789. |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than | |
| \$100,000 of compensation from the organization 7 | | |
| ~ | | 000 |

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| | n symphony | <u>ັ</u> ລ | oc | те | tу | | | | /4-115 | 1313 |
|---|---------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|---------------------|---------------|
| Part VII Section A. Officers, Directors | s, Trustees, Key Er | nplo | yee | s, ar | nd H | ligh | est | Compensated Employe | es (continued) | |
| (A) | (B) | | - | ((| | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| Name and the | hours | (cl | | allt | | | lv) | compensation | compensation | amount of |
| | per | (0. | T | T | ac | I | ',, | from | from related | other |
| | week | | | | | - e | | the | organizations | compensation |
| | (list any | tor | | | | l og | | organization | (W-2/1099-MISC) | from the |
| | hours for | direc | | | | d em | | (W-2/1099-MISC) | (** 27 1000 111100) | organization |
| | related | ee or | stee | | | nsate | | (11 2) 1300 11110 0) | | and related |
| | organizations | trust | Institutional trustee | | yee | ed m | | | | organizations |
| | below | dual | ution | - 5 | old m: | stoc | er | | | |
| | line) | Individual trustee or director | Instit | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) Mike Stude | 4.00 | | | | | | | | | |
| Chairman Emeritus | 0.00 | х | | х | | | | 0. | 0. | 0. |
| (28) Jesse Tutor | 4.00 | 21 | | 25 | | | | • | • | • |
| Chair, Audit | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (29) Bobby Tudor | 4.00 | | | | | \vdash | | 0. | 0. | <u></u> |
| Governing Director | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (30) Maria Backus | 2.00 | Λ | | Δ | | | | | 0. | · · |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| | | Λ | | | | | | 0. | 0. | <u> </u> |
| , , | 2.00 | 37 | | | | | | | 0. | _ |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (32) Gary Beauchamp | 2.00 | 37 | | | | | | | _ | _ |
| Governing Director | 0.00 | Х | | | | _ | | 0. | 0. | 0. |
| (33) David Beck | 2.00 | ., | | | | | | | _ | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (34) James Bell, Jr. | 2.00 | | | | | | | | _ | |
| Trustee | 0.00 | Х | | | | _ | | 0. | 0. | 0. |
| (35) Devinder Bhatia | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (36) Tony Bradfield | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (37) Carrie Brandsberg-Dahl | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (38) Nancy Shelton Bratic | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (39) Terry Ann Brown | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (40) Eric Brueggeman | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (41) Lindsay Buchanan | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (42) Bill Bullock | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (43) Ralph Burch | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (44) Cheryl Byington | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (45) Dougal Cameron | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (46) John Cater | 2.00 | | | | | | | | | |
| Trustee | 0.00 | х | | | | | | 0. | 0. | 0. |
| - | , 5156 | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| TOTAL TO FAIT VII, SECTION A, TIME TO | | | | | | | | L | | |

| | n Symphony | <u>ک</u> | 000 | те | LУ | | | | 74-115 | 1313 |
|---|---|--------------------------------|-----------------------|-----------------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors | , Trustees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (C | | | | (D) | (E) | (F) |
| Name and title | Average hours | (c | | Posi all t | | | y) | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (47) Robert Chanon Trustee | 2.00 | х | | | | | | 0. | 0. | 0. |
| (48) Juan Zane Crawford | 2.00 | | | | | | | 9.1 | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (49) Virginia Clark | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (50) Michael Clark | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (51) John Steven Cisneros | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (52) Evan Collins | 2.00 | | | | | | | | _ | _ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (53) Andrew Davis | 2.00 | | | | | | | | • | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (54) Denise Davis | 2.00 | ., | | | | | | | 0 | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (55) Tracy Dieterich Trustee | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (56) Bob Duff | 2.00 | Δ | | | | | | 0. | 0. | U . |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (57) Joan Duff | 2.00 | 25 | | | | | | • | • | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (58) Connie Dyer | 2.00 | | | | | | | | | |
| Trustee | 0.00 | х | | | | | | 0. | 0. | 0. |
| (59) Jeffrey Firestone | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (60) Eugene Fong | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (61) Aggie Foster | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (62) Julia Anderson Frankel | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (63) Ronald Franklin | 2.00 | | | | | | | | | _ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (64) Carolyn Gaidos | 2.00 | 37 | | | | | | | _ | _ |
| Trustee | 0.00 | Х | | $\vdash \vdash$ | | | | 0. | 0. | 0. |
| (65) Claudio Gutierrez | 2.00 | v | | | | | | | 0 | _ |
| Trustee (66) Gary Hollingsworth | | Х | | \vdash | | \vdash | | 0. | 0. | 0. |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| TTWDCCC | 1 0.00 | Δ | ı | ı I | | | | ı U• | U • | , 0. |

| Part VII Section A. Officers, Directors, Tr (A) Name and title | (B) | nplo | yee | s, ar (C | | ligh | est (| | , , | |
|---|------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------|-----------------|-----------------|---------------|
| (A) | (B) | | | | | | | | , , | |
| | | | | | " | | | (D) | (E) | (F) |
| | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | | allt | | | ly) | compensation | compensation | amount of |
| | per | · | | | | <u> </u> | | from | from related | other |
| | week | | | | | yee | | the | organizations | compensation |
| | (list any | rector | | | | omple | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordi | e e | | | ated | | (W-2/1099-MISC) | | organization |
| | related | ustee | trust | | 99 | suadı | | | | and related |
| | organizations below | lual tr | tional | | nploy | tcon | _ | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (67) William Hunt | 2.00 | _ | _ | | _ | | _ | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (68) Stephen Incavo | 2.00 | | | | | | | | | • |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (69) Brian James | 2.00 | | | | | | | | | • |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (70) Rick Jaramillo | 2.00 | | | | | | | | | <u> </u> |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (71) Ray Kirk | 2.00 | | | | | | | | | <u> </u> |
| Trustee | 0.00 | х | | | | | | 0. | 0. | 0. |
| (72) Carey Kirkpatrick | 2.00 | | | | | | | | • | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (73) David Krieger | 2.00 | | | | | | | | <u> </u> | |
| Trustee | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (74) Kenny Kurtzman | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (75) Ulyesse LeGrange | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (76) Andrew Go Lee | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (77) James Lee | 2.00 | | | | | | | | | |
| Trustee | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (78) Cindy Levit | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (79) Matthew Loden | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (80) Isabel Stude Lummis | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (81) Cora Sue Mach | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (82) Michael Mann | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (83) Rodney Margolis | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (84) Jay Marks | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (85) Elissa Martin | 2.00 | | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0 . |
| (86) Jack Matzer | 2.00 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0 . |

| Form 990 Houston | Dymphony | <u> </u> | | | . c <u>y</u> | | | | 74-115 | 1313 |
|---|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, To | rustees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | ees (continued) | |
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | | allt | | | ly) | compensation | compensation | amount of |
| | per | | | | | Ė | | from | from related | other |
| | week | ١. | | | | yee | | the | organizations | compensation |
| | (list any | rector | | | | old me | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordi | e e | | | ated 6 | | (W-2/1099-MISC) | | organization |
| | related | ustee | trust | | 9. | suedu | | | | and related |
| | organizations below | lual tr | tional | | nploy | tcon | _ | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (87) Jackie Wolens Mazow | 2.00 | _ | - | | _ | _ | _ | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (88) Alexander McLanahan | 2.00 | -22 | | | | | | 0. | 0. | 0 • |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (89) Marilyn Miles | 2.00 | Λ | | | | | | 0. | U • | 0. |
| · · · • | | ~ | | | | | | | _ | ^ |
| Trustee (90) Chang Millon | 0.00 | Х | | | _ | \vdash | | 0. | 0. | 0. |
| (90) Shane Miller | 2.00 | ₹, | | | | | | | _ | _ |
| Trustee (01) Appill Nelson | 0.00 | Х | | | _ | | | 0. | 0. | 0. |
| (91) Aprill Nelson | 2.00 | . , | | | | | | | _ | ^ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (92) Tammy Tran Nguyen Trustee | 2.00 | . | | | | | | 0. | 0. | 0. |
| (93) Leslie Nossaman | 2.00 | Х | | | | | | 0. | 0. | <u> </u> |
| , | | v | | | | | | | _ | ^ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (94) Scott Nyquist | 2.00 | - | | | | | | | _ | • |
| Trustee | 0.00 | Х | _ | | | | | 0. | 0. | 0. |
| (95) Edward Osterberg, Jr. | 2.00 | - | | | | | | | _ | 0 |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (96) Kusum Patel | 2.00 | - | | | | | | | _ | 0 |
| Trustee | 0.00 | Х | _ | | | | | 0. | 0. | 0. |
| (97) Zeljko Pavlovic | 2.00 | ļ | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (98) Chris Powers | 2.00 | ļ | | | | | | | | |
| Governing Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (99) David Pruner | 2.00 | | | | | | | | | _ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (100) Gloria Pryzant | 2.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (101) Miwa Sakashita | 2.00 | | | | | | | | _ | _ |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (102) Andrew Schwaitzberg | 2.00 | 1 | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (103) Helen Shaffer | 2.00 | 1 | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (104) Robert Sloan | 2.00 | 1 | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (105) Quentin Smith | 2.00 |] | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (106) Jim Smith, Sr. | 2.00 | | | | | | | | | |
| | 0.00 | Х | ı | ı | l | ı | | 0. | 0. | 0. |

| | Institutional trustee | (C Posi | tion hat | | | Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC) 0. | Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-----------------------|-----------------|---------------|---|-------------|---|--|--|
| X X X X X X X X X X X X X X X X X X X | Institutional trustee | Posi all t | tion hat | appl | y) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| X X X X X X X X X X X X X X X X X X X | Institutional trustee | Posi all t | tion hat a | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| X X X X X X X X X X X X X X X X X X X | Institutional trustee | all t | hat a | | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| X X X X X X X X X X X X X X X X X X X | Institutional trustee | | | | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| x x x | | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| x x x | | Officer | Key employee | Highest compensated emplo | Former | (W-2/1099-MISC) 0. | 0. | organization and related organizations |
| x x x | | Officer | Key employee | Highest compensated (| Former | 0. | | and related organizations |
| x x x | | Officer Officer | Key employee | Highest compens | Former | 0. | | organizations |
| x x x | | Officer | Key employ | Highest com | Former | 0. | | 0. |
| x x x | | Officer | Key em | Highes | Forme | 0. | | |
| x x x | | | * | | | 0. | | |
| X | | | | | | 0. | | |
| x x x | | | | | | 0. | | |
| X X X | | | | | | | 0. | 0. |
| x | | | | | | | • • • | |
| X | | | | | | n . l | | |
| X | | | | | _ | | 0. | 0. |
| х | | | | J | I | | | |
| х | | | - | J | | 0. | 0. | 0. |
| | | ıl | | | | | | |
| | | | | | | 0. | 0. | 0. |
| X | | | | | | - | · | |
| | | | | | | 0. | 0. | 0. |
| 1 | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | | | | | | 0. | 0. | 0. |
| | | | | | | | | |
| X | \perp | | _ | _ | _ | 0. | 0. | 0. |
| | | | \neg | | | | | |
| Х | \perp | | | | | 0. | 0. | 0. |
| _ | | | | | | | | |
| _ | | | | | | 0. | 0. | 0. |
| _ | | | | | | | | |
| _ | | | | | | 0. | 0. | 0. |
| _ | | | | | | | | |
| _ | _ | | | | | 0. | 0. | 0. |
| _ | | | | | | | | |
| X | _ | | | | | 0. | 0. | 0. |
| 4 | | | | | | | | |
| - | + | | _ | \dashv | | | | |
| - | | | | | | | | |
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| | | | | | | | | |
| | x x | X | x x | - x - x - x - x - x - x - x - x - x - x | x x x | x | x 0. -x 0. -x 0. | x 0. 0. x 0. 0. x 0. 0. |

| | | Check if Schedule O co | ntains a resi | oonse | or note to anv lin | e in this Part VIII | | | |
|--|-------------------|---------------------------------------|-----------------|----------|---------------------------------------|---------------------|-------------------|------------------|---------------------------------|
| | | | | | , | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | function revenue | business revenue | sections 512 - 514 |
| S S | 1 a | Federated campaigns | 1a | П | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | | | | | |
| 9 | | Membership dues Fundraising events | | + | 2,251,434. | | | | |
| fts, | | | | | 4,159,432. | | | | |
| ig ig | | Related organizations | | 1 | 2,185,462. | | | | |
| Sir. | | Government grants (contrib | | + | 2,103,402. | | | | |
| utio | T | All other contributions, gifts, gr | 1 | | 14,068,703. | | | | |
| | | similar amounts not included a | | | 713,559. | | | | |
| out | _ | Noncash contributions included in lin | | \$ | 713,333. | 22 665 021 | | | |
| O g | n | Total. Add lines 1a-1f | | | B | 22,665,031. | | | |
| | | m' 1 1 | | | Business Code | 0.740.450 | 0.540.450 | | |
| <u>e</u> | 2 a | | | | 711130 | 9,748,458. | 9,748,458. | | |
| Program Service Revenue | b | Education, other prog | grams | | 711130 | 758,730. | 758,730. | | |
| ı S. | С | | | | | | | | |
| ran Sev | d | | | | | | | | |
| 6 F | е | | | | | | | | |
| ڇ | f | All other program service re | evenue | | | | | | |
| | g | | | | | 10,507,188. | | | |
| | 3 | Investment income (includir | ng dividends | , intere | est, and | | | | |
| | | other similar amounts) | | | | 76,322. | | | 76,322. |
| | 4 | Income from investment of | tax-exempt I | ond p | roceeds | | | | |
| | 5 | Royalties | | | | | | | |
| | | | (i) Re | eal | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | | |
| | 7 a | Gross amount from sales of | (i) Secu | rities | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| ē | | | 7b | | | | | | |
| Revenue | С | | 7c | | | | | | |
| Ş. | | Net gain or (loss) | | | • | | | | |
| her F | | Gross income from fundraising | | | | | | | |
| ₽ E | - | | 51,434. of | | | | | | |
| Ŭ | | contributions reported on li | _ | | | | | | |
| | | Part IV, line 18 | , | 8a | 911,608. | | | | |
| | h | Less: direct expenses | | | , , , , , , , , , , , , , , , , , , , | | | | |
| | | Net income or (loss) from fu | | | | -161,468. | | | -161,468. |
| | | Gross income from gaming | | | | | | | |
| | <i>-</i> u | Part IV, line 19 | | - 1 | | | | | |
| | h | Less: direct expenses | | - 1 | | | | | |
| | | Net income or (loss) from ga | | | | | | | |
| | | Gross sales of inventory, les | | | | | | | |
| | 10 4 | and allowances | | 10a | | | | | |
| | h | Less: cost of goods sold | | - 1 | | | | | |
| | | Net income or (loss) from sa | | | "1 | | | | |
| \dashv | | THE INCOME OF (1033) HOLLI Se | 2100 OI 111VCII | y | Business Code | | | | |
| Sn | 11 a | Insurance proceeds | | | 900099 | 286,452. | | | 286,452. |
| Jeo Tue | ıı a b | | | | | | | | _50,202. |
| Miscellaneous Revenue | | | | | | | | | |
| Sce | q | | | | | | | | |
| Ξ | | All other revenue | | | | 286,452. | | | |
| | | Total revenue See instruction | | | | 33,373,525. | 10507188. | 0. | 201,306. |
| | 12 | Total revenue. See instruction | ა | | | 33,313,323. | 1 1020/100. | ı . | 201,300. |

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 (**D**) Fundraising (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,509,310. 716,859. 308,076. 484,375. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,177,240. 14,298,080. 645,466. 1,233,694. 7 Pension plan accruals and contributions (include 848,490. 772,766. 33,031. 42,693. section 401(k) and 403(b) employer contributions) 2,446,908. 2,835,020. 307,208. 80,904. Other employee benefits 9 1,278,442. 1,106,907. 57,303. 114,232. 10 Payroll taxes 11 Fees for services (nonemployees): Management 15,927. 7,453. 8,449. 25. Legal 74,521. 74,521. Accounting Lobbying 69,603. 69,603. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,692,087. 4,451,239. 155,274. column (A), amount, list line 11g expenses on Sch O.) 85,574. 1,727,608. 1,602,043. 3,286. 122,279. Advertising and promotion 12 242,602. 114,826. 54,842. 72,934. Office expenses 13 424,151. 267,882. 56,328. 99,941. 14 Information technology Royalties 15 75,947. 1,036,000. 845,770. 114,283. 16 Occupancy 549,854. 531.477. 11,737. 6,640. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 537,203. 537,203. 20 Payments to affiliates 21 113,638. 109,169. 1,849. 2,620. Depreciation, depletion, and amortization 22 168,756. 100,785. 28,126. 39,845. 23 Other expenses. Itemize expenses not covered 24 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.) 915,753. 915,753. Production equip, mat. 528,489. 466,459. Patron cultivation 40,105. 21,925. 405,501. 310,312. 16,092. 79,097. c Merchant fees 74,053. 287,269. 78,694. 134,522. d Other expenses e All other expenses 34,437,464. 28,717,028. 2,244,412. 3,476,024. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|----------|---|------------|-----------------------|--|------------|---------------------------|
| | | Check if Schedule O contains a response or note to | o any | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 275,148. | 1 | 582,918. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 2,441,771. | 3 | 4,732,351. |
| | 4 | Accounts receivable, net | | | 282,135. | 4 | 330,680. |
| | 5 | Loans and other receivables from any current or for | | | | | |
| | | trustee, key employee, creator or founder, substant | tial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these p | perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | d per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | sect | tion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 351,393. | 9 | 447,913. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D1 | 10a | 2,686,184. | | | |
| | b | | 10b | | 600,686. | 10c | 569,324. |
| | 11 | Investments - publicly traded securities | | | 2,960,928. | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | F 177 | 14 | 1 070 746 |
| | 15 | Other assets. See Part IV, line 11 | | 1 | 5,177. | 15 | 1,079,746. |
| | 16 | Total assets. Add lines 1 through 15 (must equal li | | | 6,917,238. | 16 | 7,742,932. |
| | 17 | Accounts payable and accrued expenses | | 1,670,468. | 17 | 1,612,712. | |
| | 18 | Grants payable | 3,355,371. | 18 | 3,677,620. | | |
| | 19 | Deferred revenue | | 3,333,371. | 19 | 3,011,020. | |
| | 20 | Tax-exempt bond liabilities | | 1 | | 20 | |
| | 21 22 | Escrow or custodial account liability. Complete Par | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former trustee, key employee, creator or founder, substant | | | | | |
| bilit | | controlled entity or family member of any of these p | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated | | | 9,374,488. | 23 | 11,335,488. |
| | 24 | Unsecured notes and loans payable to unrelated th | | | 3/3/1/1001 | 24 | 1,999,422. |
| | 25 | Other liabilities (including federal income tax, payab | | | | | |
| | | parties, and other liabilities not included on lines 17 | | | | | |
| | | of Schedule D | | · . | 2,991,573. | 25 | 1,136,065. |
| | 26 | | | | 17,391,900. | 26 | 19,761,307. |
| | | Organizations that follow FASB ASC 958, check | | | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | -12,733,150. | 27 | -14,647,723. |
| Bal | 28 | Net assets with donor restrictions | | | 2,258,488. | 28 | 2,629,348. |
| pu | | Organizations that do not follow FASB ASC 958, | , che | ck here | | | |
| F | | and complete lines 29 through 33. | | | | | |
| o S | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equip | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated incor | | | 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4 | 31 | 1 |
| Re | 32 | Total net assets or fund balances | | 1 | -10,474,662. | 32 | -12,018,375. |
| | 33 | Total liabilities and net assets/fund balances | | | 6,917,238. | 33 | 7,742,932. |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----------|------------|--------------|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 33,3 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 34,4 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,(|) 6 3 | 3,9 | <u>39.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -10,4 | 174 | 1,6 | 62. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 16 | 7 | 31. |
| 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 | - 4 | 196 | 5,5 | 05. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | -12,0 | 12 | 3,3 | 75. |
| Pa | rt 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," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L2 | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | [_2 | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <u>L</u> 3 | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | : | 3b | | |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Houston Symphony Society

Employer identification number
74-1157373

| Pa | ırt I | Reason for Public (| Charity Status. | (All organizations must o | omplete th | nis part.) S | ee instructions. | | | | | | | |
|------|--|--|-------------------------|------------------------------|------------------|------------------------------|-----------------------------|----------------------------|--|--|--|--|--|--|
| The | organ | nization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | | | | | |
| 1 | \bigcap | A church, convention of ch | • | | • | | I)(A)(i). | | | | | | | |
| 2 | \Box | A school described in sect | • | | | | | | | | | | | |
| 3 | 一 | A hospital or a cooperative | | | | (b)(1)(A)(ii | ii). | | | | | | | |
| 4 | H | A medical research organiz | | | | | | the hospital's name | | | | | | |
| • | ш | city, and state: | anon operated in ee. | ijanionon mini a noopital | 4000111004 | 000110 | | and modernal or name, | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owner | l or operat | ed by a go | vernmental unit describe | ad in | | | | | | |
| 3 | ш | section 170(b)(1)(A)(iv). (C | | liege of university owner | or operat | cd by a go | Werrimental unit describe | SG III | | | | | | |
| 6 | | | | antal unit described in | coetion 17 | 70/6//4//4/ | 64 | | | | | | | |
| | X | A federal, state, or local gov | - | | | | | aublia dagaribad in | | | | | | |
| 7 | Δ | An organization that norma | - | ntial part of its support if | om a gove | ernmentai | unit or from the general | public described in | | | | | | |
| _ | | section 170(b)(1)(A)(vi). (C | • | /4WAW 13 /O | \ | | | | | | | | | |
| 8 | \vdash | A community trust describe | | | - | | | | | | | | | |
| 9 | Ш | An agricultural research org | | | | - | - | - | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of the college | eor | | | | | | |
| | | university: | | | | | | | | | | | | |
| 10 | Ш | An organization that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membership fees, and | d gross receipts from | | | | | | |
| | | activities related to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its support f | rom gross investment | | | | | | |
| | | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | | | | | | |
| | | See section 509(a)(2). (Complete Part III.) | | | | | | | | | | | | |
| 11 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | | |
| 12 | | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or | | | | | | | | | | | | |
| | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on | | | | | | | | | | | | | |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | and com | plete lines | 12e, 12f, and 12g. | | | | | | | |
| а | | Type I. A supporting orga | anization operated, si | upervised, or controlled | by its supp | orted org | anization(s), typically by | giving | | | | | | |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | of the direc | ctors or trustees of the su | upporting | | | | | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organization(s), by hav | /ing | | | | | | |
| | | control or management o | • | | | | | - | | | | | | |
| | | organization(s). You mus | | | | | | | | | | | | |
| С | | Type III functionally inte | | | in connect | tion with. a | and functionally integrate | ed with. | | | | | | |
| | | its supported organization | - | | | | • • | , | | | | | | |
| d | | ☐ Type III non-functionally | | · | | | | zation(s) | | | | | | |
| | | that is not functionally int | | | | | • • • • • | | | | | | | |
| | | requirement (see instructi | - | | - | | | V611000 | | | | | | |
| е | | Check this box if the orga | • | = ' | | | | | | | | | | |
| · | | functionally integrated, or | | | | | Type i, Type ii, Type iii | | | | | | | |
| f | Ent | er the number of supported of | • • | nally integrated supporting | ng organiz | ation. | | | | | | | | |
| | | vide the following information | | d organization(s) | | | | | | | | | | |
| 9 | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other | | | | | | |
| | | organization | | (described on lines 1-10 | Yes | No | support (see instructions) | support (see instructions) | | | | | | |
| | | | | above (see instructions)) | 100 | -110 | | | | | | | | |
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| Tota | | | | | | | | | | | | | | |

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

(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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 17930495. | 19903727. | 25222027. | 26049116. | <u> 22665031.</u> | 111770396 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 17930495. | 19903727. | 25222027. | 26049116. | <u>22665031.</u> | 111770396 |
| 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) | | | | | | <u>27650595.</u> |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 84119801. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 17930495. | <u> 19903727.</u> | <u> 25222027.</u> | 26049116. | <u>22665031.</u> | 111770396 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 50,810. | 80,986. | 4,323. | 46,612. | 76,322. | 259,053. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 286,452. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 112315901 |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 46 | <u>,535,628.</u> |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and sto | | | | | | <u></u> |
| | tion C. Computation of Publ | | | | | г | |
| | Public support percentage for 2022 (| | | | | 14 | 74.90 % |
| | Public support percentage from 2021 | | | | | 15 | 72.89 % |
| 16a | 33 1/3% support test - 2022. If the | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the | | | | | | |
| | and stop here. The organization qua | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | | = | · · | VI how the organiz | zation |
| | meets the facts-and-circumstances to | ū | • | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | · · | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | on did not check a l | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | <u> </u> |

(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 | ction A. Public Support | | | | | | |
|------|---|-----------------------|-----------------------|-----------------------|---------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | ļ | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | ļ | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on 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.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | ourth, or fifth tax y | year as a section 5 | 01(c)(3) organization | on, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | olumn (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | T .= I | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from | | | Para et 4 | | 0.1/00/ | % |
| 19a | 33 1/3% support tests - 2022. If the | | | | | | / is not |
| - | more than 33 1/3%, check this box ar | | | | | | L |
| b | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | ns box and see ins | tructions | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

| | | Yes | No |
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| Par | rt IV Supporting Organizations (continued) | | | |
|-----|---|-----------------|-----|-----|
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 11 | Has the organization accepted a gift or 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 | | |
| С | 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. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one | | | l |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | rs, | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support | ed | | l |
| | 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | l |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | l |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations | 2 | | |
| | Alon of Typo ii oupporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 162 | NO |
| • | 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 | | |
| Sec | tion 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 | | | l |
| | 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 | | | l |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | 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 | | | l |
| | 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? If "Yes," describe in Part VI the role the organization's | | | |
| 800 | supported organizations played in this regard. | 3 | | |
| | ction 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 instruc | tions). | | |
| a | Somplete Selem | | | |
| b | | (:tt | -1 | |
| 2 | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below. | see instruction | Yes | No |
| a | | | 163 | 140 |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | l |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | l |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | ı |

| Sche | dule A (Form 990) 2022 Houston Symphony Societ | | 74-1157373 Page | | |
|----------|---|--------------|--------------------------------|--------------------------------|--|
| Pai | | g Organi | izations | <u> </u> | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | Nov. 20, 1970 (<i>explain</i> | in Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations mus | t complete: | Sections A through E. | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (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 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| <u>b</u> | Average monthly cash balances | 1b | | | |
| <u> </u> | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | 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 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |

emergency temporary reduction (see instructions). 6 ___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

2

3 4

5

Schedule A (Form 990) 2022

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

| | ~ 1 | ~ ' ' |
|-----------|-----------|----------|
| Hangtan | Symphony | SOCIATIO |
| IIOuscoil | DAIIIDIIA | DOCTECA |

| Section D (See instru | , lines 5, 6 | 5, and 8; | and Part | V, Section | on E, lines 2, 5, and 6. A | Also com | plete this pa | rt V, line 1; Part V, Section B, line 1e; Part V, irt for any additional information. |
|--------------------------|--------------|-----------|----------|------------|----------------------------|----------|---------------|--|
| Schedule A, | Part | II, | Line | 10, | Explanation | for | Other | Income: |
| Insurance pr | coceed | ls | | | | | | |
| 2022 Amount: | : \$ | 286, | 452. | | | | | |
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Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** Houston Symphony Society 74-1157373 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Houston Symphony Society

74-1157373

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 1 | | \$\$, 4,159,432. | 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 | | \$2,008,927. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 3 | | \$\\$\\$\ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 4 | | \$1,165,000. | 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 | | s1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. 6 | Name, address, and ZIP + 4 | * \$ 675,477. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

Name of organization Employer identification number

Houston Symphony Society

74-1157373

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$618,444. | 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 | | \$503,275. | 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) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll 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.) |

Name of organization Employer identification number

Houston Symphony Society

74-1157373

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|---|--------------------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (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 | | | | |
| | | \$ | Cabadula P. (Faura 000) (0000) | | | | |

Name of organization **Employer identification number** Houston Symphony Society 74-1157373 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 held Part I (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 held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Houston Symphony Society

Employer identification number 74-1157373

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | imilar Funds o | or Accoun | ts. Complete if the |
|-----|--|------------------------------|------------------------|-----------------|---------------------------------|
| | organization answered Tee Sitt offit 600, Fart IV, IIII | (a) Donor advise | d funds | (b) Fun | ds and other accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | ld in donor advise | d funds | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any | y other purpose c | onferring | |
| | impermissible private benefit? | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes | s" on Form 990, P | art IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | _ | | |
| | Preservation of land for public use (for example, recreated | tion or education) | Preservation of | a historically | important land area |
| | Protection of natural habitat | | Preservation of | a certified his | storic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribu | ition in the form o | of a conserva | |
| | day of the tax year. | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a | |
| b | | | | | |
| С | Number of conservation easements on a certified historic stru | | | 2c | |
| d | Number of conservation easements included in (c) acquired a | | | | |
| | historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or to | erminated by the | organization | during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | | | | |
| 5 | Does the organization have a written policy regarding the per | | ion, handling of | | |
| | violations, and enforcement of the conservation easements it | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, an | a enforcing conse | ervation ease | ments during the year |
| 7 | Amount of avances incurred in manitaring increasing hand | lling of violations, and ant | iavaina aanaamiati | | to duving the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | illing of violations, and em | ording conservati | on easemen | is during the year |
| 8 | Does each conservation easement reported on line 2(d) above | a satisfy the requirement | s of soction 170/h | \(\(\(\D\)\(i\) | |
| 0 | | | | | Yes No |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | | | | |
| 9 | balance sheet, and include, if applicable, the text of the footn | | | | |
| | organization's accounting for conservation easements. | lote to the organization's | ililailciai stateillei | ilis illai desc | indes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Trea | asures, or Oth | ner Simila | r Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its reve | enue statement an | nd balance sh | neet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education, | or research in fur | therance of p | oublic |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that desc | cribes these items | S | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue | statement and ba | alance sheet | works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or | research in furthe | erance of put | olic service, |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| | | | | | \$ |
| 2 | If the organization received or held works of art, historical trea | | | gain, provide |) |
| | the following amounts required to be reported under FASB A | | | - • • | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| b | Assets included in Form 990, Part X | | | | \$ |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|
| 1a Land | | 16,915. | | 16,915. | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | 284,878. | 284,248. | 630. | | | |
| d Equipment | | 2,197,095. | 1,719,655. | 477,440. | | | |
| e Other | | 187,296. | 112,957. | 74,339. | | | |
| Total. Add lines 1a through 1e. (Column (d) must equa | 569,324. | | | | | | |

Schedule D (Form 990) 2022

| Part VII | Investn | nents - | Other | Securities |
|----------|---------|---------|-------|------------|

| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" or | a Form 000 Port IV line | a 11h Cas Farm 000 Part V line 12 | |
|-----------------------------|--|---------------------------|---|------------------------|
| (a) Descrip | otion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-vear market value |
| | al derivatives | (-, | (-, | |
| . , | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (Part VIII | b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, line | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (| b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | |
| Faitix | Complete if the organization answered "Yes" or | a Form 000 Port IV line | a 11d Sac Form 000 Part V line 15 | |
| | | escription | e 11d. See Form 990, Part A, line 15. | (b) Book value |
| (4) T.G | ease right-of-use assets | escription | | 1,079,746. |
| | ase light-or-use assets | | | 1,019,140. |
| <u>(2)</u> (3) | | | | |
| (4) | | | | |
| (4) (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) line | 15.) | | 1,079,746. |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | |
| 1. | (a) Description of liability | | | (b) Book value |
| | deral income taxes | | | |
| | ase right-of-use liabili | ties | | 1,074,865. |
| (3) Du | le to affiliate | | | 61,200. |
| (4) | | | | |
| (5) | | <u></u> | | |
| (6) | | | | |
| (7) | | <u></u> | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col. (B) line 2 | 25.) | | 1,136,065. |
| 2 Liability | for uncertain tax positions. In Part XIII. provide t | ne text of the footpote t | o the organization's financial statements t | hat 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

Houston Symphony Endowment (the Endowment) was established to support the operations of the Houston Symphony Society (the Society). The Endowment holds contributed funds in perpetuity, invests those funds, and makes contributions from time to time to the Society. Such contributions must meet the stated restrictions of donors as well as the current policies of the Endowment. The Endowment is governed by a Board of Directors who are elected by the officers of the Board of Directors of the Society.

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Houston Symphony Society 74-1157373 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DCM - PO Box 4707, Sunnyside, Yes No 11104 Х 6,853. Telefunding 28,620 21,767 SD&A - 5757 W Century Blvd #300, Los Angeles, CA 90045 Telefunding Х 23,209 47,836 0. 51,829, 69,603, 6,853. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

| TX | | | | | |
|----|---|---|--|--|--|
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or licensing.

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

| | | of fundraising event contributions and gro | oss income on Form 990 | | vents with gross receipt | s greater than \$5,000. | | |
|-----------------|--|---|---------------------------------------|-------------------------------|--------------------------|----------------------------|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
| | | | | | _ | (add col. (a) through | | |
| | | | | Wine Dinner | 2 | col. (c)) | | |
| ē | | | (event type) | (event type) | (total number) | | | |
| Revenue | | | 1 201 020 | 1 067 075 | C04 000 | 2 162 042 | | |
| Rev | 1 | Gross receipts | 1,291,039. | 1,267,975. | 604,028. | 3,163,042. | | |
| | | Lacas Cantalhatiana | 904,216. | 953,190. | 394,028. | 2,251,434. | | |
| | 2 | Less: Contributions | 904,210. | 933,190. | 334,020. | 2,231,434. | | |
| | 3 | Gross income (line 1 minus line 2) | 386,823. | 314,785. | 210,000. | 911,608. | | |
| | ٦ | Choos moone (line 1 minus line 2) | 300,0231 | 311/7031 | 210,0000 | 311,000. | | |
| | 4 | Cash prizes | | | | | | |
| | | | | | | | | |
| | 5 | Noncash prizes | | | | | | |
| ses | | | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | 35,770. | 7,224. | 21,072. | 64,066. | | |
| Exp | | | | | | | | |
| ect | 7 | Food and beverages | 143,029. | 98,862. | 127,041. | 368,932. | | |
| Ë | | | 24 565 | 0 004 | 0 055 | 40.044 | | |
| | 8 | Entertainment | 31,765. 309,746. | 2,304. 195,794. | 8,875. 91,594. | 42,944. 597,134. | | |
| | 9 | Other direct expenses | | | • | 1,073,076. | | |
| | 10 | - · · · · · · · · · · · · · · · · · · · | . , | | | -161,468. | | |
| Pa | ırt l | Net income summary. Subtract line 10 from li Gaming. Complete if the organization is | | | | -101,400. | | |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rom | 1000, 1 art 10, mile 10, or 1 | cported more trian | | | |
| | | | () 5: | (b) Pull tabs/instant | | (d) Total gaming (add | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | |
| eve | | | | | | | | |
| Œ | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| S | 2 | Cash prizes | | | | | | |
| ense | | | | | | | | |
| Expenses | 3 | Noncash prizes | | | | | | |
| Ċt E | | D 1/6 111 | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | |
| | _ | Other direct expenses | | | | | | |
| | ٦ | Other direct expenses | Yes % | Yes % | Yes % | | | |
| | 6 | Volunteer labor | No No | No No | No No | | | |
| | | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | |
| | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | |
| | | | | | | | | |
| | | ter the state(s) in which the organization condu | | | | | | |
| | a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | |
| b | If " | No," explain: | | | | | | |
| | _ | | | | | | | |
| 10- | . \^/- | ore any of the organization's coming lies- | avokod guppandad siita | erminated during the town | voor? | Yes No | | |
| | | ere any of the organization's gaming licenses re | · · · · · · · · · · · · · · · · · · · | | | L 162 L NO | | |
| , | , 11 | Yes," explain: | | | | | | |
| | _ | | | | | | | |

| Sch | edule G (Form 990) 2022 Houston Symphony Society 74- | -1157 | <u> 373</u> | Page 3 |
|-----|--|--------------|-------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | | % |
| | An outside facility | | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| • | and the hand and add on the person into property of the organization of garming openial or one section and records | | | |
| | Name | | | |
| | - Name | | | |
| | Address | | | |
| | Audiess | | | |
| 45. | Does the examination have a contract with a third next from whom the examination receives gaming revenue? | | Yes | □ No |
| 158 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Ш | res | NO |
| | | | | |
| b | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | | |
| | of gaming revenue retained by the third party \$ | | | |
| C | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| а | s the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | Ш | Yes | ∟ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F | art III, lin | es 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule G | (Form 990) | Houston | Symphony | Society | 74-1157373 | Page 4 |
|------------|------------------------------|------------------|----------|---------|------------|--------|
| Part IV | (Form 990) Supplemental Info | rmation (continu | ued) | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Houston Symphony Society

Employer identification number 74-1157373

| Pa | art I Questions Regarding Compensation | | | | | | |
|------------|---|----|-----|------------|--|--|--|
| | | | Yes | No | | | |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | |
| | Tax indemnification and gross-up payments X Health or social club dues or initiation fees | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | | |
| | | | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Х | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | | | | |
| | , | | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | X Compensation committee X Written employment contract | | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | | | | |
| | | | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | |
| | organization or a related organization: | | | | | | |
| а | | 4a | | х | | | |
| h | | 4b | | X | | | |
| c | | 4c | | X | | | |
| · | Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? | | | | | | |
| | The second of the second and provide the applicable amounts for each term in art in. | | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9 | | | | | | |
| 5 | | | | | | | |
| · | | | | | | | |
| а | - | 5a | | х | | | |
| | | 5b | | Х | | | |
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| Ū | | | | | | | |
| а | | 6a | | х | | | |
| | | 6b | | Х | | | |
| | | 35 | | _ <u>-</u> | | | |
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| • | | 7 | Х | | | | |
| 8 | | | | | | | |
| 3 | | 8 | | х | | | |
| 9 | | | | | | | |
| 9 | b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | | | | |

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

Schedule J (Form 990) 2022

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

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

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

| | (B) Breakdown of W | /-2 and/or 1099-MISC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|---------------------------|--------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------|---------------------------------|--------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) John Mangum | (i) | 421,321. | 50,335. | 0. | 16,784. | 31,582. | 520,022. | 0. |
| Executive Director/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Yoonshin Song | (i) | 326,855. | 300. | 0. | 7,092. | 8,367. | 342,614. | 0. |
| Musician | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Juraj Valcuha | (i) | 82,500. | 0. | 189,000. | 0. | 5,284. | 276,784. | 0. |
| Music Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Nancy Giles | (i) | 241,370. | 10,000. | 0. | 11,577. | 10,659. | | 0. |
| Chief Development Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Elizabeth Condic | (i) | 201,426. | 10,000. | 0. | 10,018. | 24,324. | 245,768. | 0. |
| Chief Financial Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Mark Nuccio | (i) | 205,022. | 300. | 0. | 7,092. | 23,910. | 236,324. | 0. |
| Musician | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) Victoria Dominguez | (i) | 200,466. | 10,000. | 0. | 9,737. | 8,367. | 228,570. | 0. |
| Chief Operating Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) Brinton Smith | (i) | 188,748. | 300. | 0. | 7,092. | 24,820. | 220,960. | 0. |
| Musician | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) Eric Halen | (i) | 183,180. | 300. | 0. | 7,092. | 16,281. | 206,853. | 0. |
| Musician | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) Gwen Watkins | (i) | 194,362. | 0. | 0. | 8,974. | 0. | 203,336. | 0. |
| Marketing Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information | |
|---|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | |
| Part I, Line 1a: | |
| The Society provides the Executive Director a membership to a dining club | |
| due to the social and fundraising aspects of his position. The cost of this | |
| benefit is reasonable, customary, and necessary. The Society paid a total | |
| of \$3,897 of membership fees during the current fiscal year. This amount | |
| was not treated as taxable compensation. | |
| | |
| Part I, Line 7: | |
| The Music Director's other reportable compensation is comprised of | |
| the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. I, Line 1a: Society provides the Executive Director a membership to a dining club to the social and fundraising aspects of his position. The cost of this efit is reasonable, customary, and necessary. The Society paid a total 33,897 of membership fees during the current fiscal year. This amount not treated as taxable compensation. I, Line 7: Music Director's other reportable compensation is comprised of sucting fees for a series of weekend classical concerts and a travel | |
| allowance. | |
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SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

| Name of th | e organization I | Houston | Symphony | Soc | iety | 7 | | | | | entification number 7 3 7 3 | | |
|----------------|----------------------|-------------------|--------------------------------|-------------------------|----------|------------------------|-----------------------|----------------------------|-------------|--------|-----------------------------|----------|---------|
| Part I | Excess Bene | efit Transac | tions (section 5 | 01(c)(3 |), secti | on 501(c)(4), and sec | ction 501(c)(29) org | anizatio | ons on | ly). | | | |
| | Complete if the | organization an | swered "Yes" on | Form 9 | 90, Pa | rt IV, line 25a or 25b | , or Form 990-EZ, F | Part V, I | ine 40 | b. | | | |
| 1 (a) Nar | me of disqualified p | berson (b) | Relationship bet | | | ified | Nescription of tra | Description of transaction | | | (d) | Corre | cted? |
| (a) IVai | nie oi disquainied į | person | person and o | rganiza | ation | ,, | Description of tra | iiisaciic | ,,,, | | Y | es | No |
| | | | | | | | | | | | + | _ | |
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| | | - | • | Ū | | ualified persons dur | • | | | | | | |
| | | | | | | | | | _ | | | | |
| 3 Enter | the amount of tax, | if any, on line 2 | z, above, reimburs | sea by | tne org | janization | | | \$ | | | | |
| Part II | Loans to and | d/or From Ir | nterested Pers | sons. | | | | | | | | | |
| | Complete if the | organization an | swered "Yes" on | Form 9 | 90-EZ. | Part V, line 38a or F | Form 990. Part IV. li | ne 26: | or if th | e orga | nizatio | n | |
| | • | • | 90, Part X, line 5, 0 | | | , | , | , | | 3 | | | |
| |) Name of | (b) Relationshi | | (d) Loan to or from the | | (e) Original | (f) Balance due | |) In | (h) Ap | proved ard or | , ,,, ,, | /ritten |
| inter | ested person | with organization | of loan | | zation? | principal amount | | defa | ault? | comn | nittee? | agree | ment? |
| | | | | То | From | | | Yes | No | Yes | No | Yes | No |
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| Total Part III | Grants or As | ecietance Re | enefiting Inter | astar | 1 Dar | \$ | | | | | | | |
| i di t iii | • | | swered "Yes" on | | | | | | | | | | |
| (a) N | ame of interested | | (b) Relationship | | | (c) Amount of | (d) Typ | e of | | (e |) Purp | ose o | f |
| (=) | arrie er interected | porcom | interested pers the organiz | son an | | assistance | assista | | | | assista | | • |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

| Part IV Business Transactions Inv | olving Interested Persons. | | 74 113 | 373 | Page Z |
|------------------------------------|---|---------------------------|--------------------------------|------------------|-------------------------------|
| | ered "Yes" on Form 990, Part IV, line 28a, 28 | | | I (a) Ch | arina af |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi: rever | aring of zation's nues? |
| COM I D | O | 207 076 | Dank | Yes | No |
| CCM, LP | Owned by Director | 307,976. | Rent | + | Х |
| | | | | + | |
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| Part V Supplemental Information | | | | | |
| Provide additional information for | responses to questions on Schedule L (see in | nstructions). | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

| | Houston Symp. | nony S | ociety | | /4- | TT2/ | 3/3 | |
|-----|---|-------------------------------|---|---|--------------------------|-------------|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash contri | | _ | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 13 | 403,046. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other \dots | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (Auction items) | X | 271 | | Sales proc | <u>eeds</u> | | |
| 26 | Other (Raffle items) | X | 1 | 18,905. | FMV | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | - | • | | | | _ | |
| | for which the organization completed Form 828 | 83, Part V, D | onee Acknowledg | ement 29 | | | 0 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | • | • | | | |
| | must hold for at least 3 years from the date of | | | • | | | | 37 |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | | | | | | 77 | |
| 31 | Does the organization have a gift acceptance p | • | • | • | lons? | . 31 | X | |
| 32a | Does the organization hire or use third parties | | • | | | | | v |
| | contributions? | | | | | 32a | | X |
| | If "Yes," describe in Part II. | - h () (| | . face delate and the first of the second | d d | | | |
| 33 | If the organization didn't report an amount in c | oiumn (c) foi | r a type of property | ror wnich column (a) is chec | cked, | | | |

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

Schedule M (Form 990) 2022

| Schedule N | M (Form 990) 2022 Houston Symphony Society | 74-1157373 | Page 2 |
|------------|---|---|-----------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combir this part for any additional information. | and whether the organization ation of both. Also comple | on ete |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Houston Symphony Society

Employer identification number 74-1157373

Form 990, Part III, Line 4a, Program Service Accomplishments:

Artistic Endeavors:

The Houston Symphony continues its second century as one of America's leading orchestras with a full complement of concert, community, education, and recording activities. Today, with an operating budget of \$37.8 million (FY24), the full-time ensemble of professional musicians presents more than 130 concerts annually, making it the largest performing arts organization in Houston. After suspending concert activities in March 2020, the Symphony successfully completed the full 2020-21 season with in-person audiences and weekly livestreams of each performance, making it one of the only orchestras in the world to do so. The Houston Symphony remains committed to livestreaming to a broad audience in over forty-five countries and all fifty states, one of few American orchestras dedicated to transmitting live performances to a sizeable audience outside its home city through this technology.

Highlights of the 2022-2023 classical season began with Music Director

Juraj Valcuha opening his first season as Music Director conducting

Verdi's Requiem; as well as performances of Mahler's Das Lied von der

Erde (The Song of the Earth), Bartok's The Miraculous Mandarin, and

Stravinsky's The Rite of Spring, closing the season with a semi-staged

production of Stravinsky's Oedipus Rex. Memorable guest artists this

season included violinists Joshua Bell, Augustin Hadelich, Itzhak

Perlman, Tai Murray, and Elina Vahala; pianists Yefim Bronfman, Stephen

Hough, Lucas and Arthur Jussen, Lise de la Salle, and Jeffrey Kahane;

vocalists Ana Maria Martinez, Sasha Cooke, Michelle DeYoung, and Sean

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

Houston Symphony Society

Panikkar; and conductors Jane Glover, Matthew Halls, Jonathon Heyward,

Gemma New, Jukka-Pekka Saraste, and Osmo Vanska; as well as brilliant

soloist turns from Houston Symphony Concertmaster Yoonshin Song,

Principal Bassoon Rian Craypo, Acting Principal Viola Joan

DerHovsepian, Principal Flute Aralee Dorough, Principal Oboe Jonathan

Fischer, Principal Bass Robin Kesselman, Principal Clarinet Mark

Nuccio, Principal Cello Brinton Averil Smith, and Principal Horn

William VerMeulen.

The POPS season launched with Principal POPS Conductor Steven Reineke presiding over the gravity-defying Cirque de la Symphonie. Powerhouse vocalist Capathia Jenkins returned for First Ladies of Soul, the orchestra screened Disney's Fantasia with the orchestra performing the score live to film, Michael Krajewski lead the annual holiday tradition A Very Merry POPS, Steven Reineke returned to lead The Music of Elton John and Billy Joel, Broadway star Jeremy Jordan sang his greatest Broadway hits with the orchestra, Steven Reineke conducted Let's Misbehave: The Songs of Cole Porter, and the POPS season closed with Broadway Goes Hollywood.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Education and Community Engagement:

The Houston Symphony is committed to increasing the quality of life in

Houston by addressing priority community issues including education,

healthcare, building community between disparate populations, and

improving the welfare of underserved populations. The Symphony

accomplishes this by presenting an extraordinary range of music

education and community engagement programs both inside Jones Hall and

Schedule O (Form 990) 2022 Page 2

Name of the organization
Houston Symphony Society
Houston Symphony Society
Employer identification number
74-1157373

in community venues throughout the Greater Houston area.

Through nearly 1,000 events with Houston Symphony musicians and

Community-Embedded Musicians, partnerships with schools, community

centers, hospitals and other non-profits, the Society serves a wide

range of Houstonians that reflects the diversity of the city. Whether

they are underserved students, cancer patients, refugees, or homeless

families, we put the people we serve first, asking how music can best

meet their needs. Our goal is to remove economic and geographical

barriers to music so that Houstonians from all walks of life can

benefit from the art form. Traditionally, Houston Symphony Education

and Community Engagement programs serve more than 200,000 Houstonians

of all ages and backgrounds and these activities represented an

investment of \$4.15 million, or nearly 10% of the annual organization

budget, during the 2022-23 Season.

Form 990, Part VI, Section A, line 1a:

The Executive Committee of the Society is composed of not more than fifteen of the Governing Directors of the Society, exclusive of ex-officio members.

The Executive Committee consists of the Society's President, Chairman of the Board of Trustees, President-Elect (if and when in office), Vice

Presidents, General Counsel, Secretary, and such other persons as may be designated annually by the President from among the elected Governing Directors.

The Executive Committee has the power to propose the strategic direction of the Society for approval by the Governing Directors, propose any major policy of the Society for approval by the Governing Directors, propose the

Schedule O (Form 990) 2022 Page 2

Name of the organization
Houston Symphony Society

Employer identification number 74-1157373

disposition of the properties and funds of the Society (through the

proposal of the Society's budget) to the Governing Directors, make

recommendations to the Governing Directors to retain or terminate the

employment of the Music Director, and to take such other actions as shall

be delegated to the Executive Committee by the Governing Directors from

time to time.

Form 990, Part VI, Section A, line 2:

Betty Tutor, Governing Director and Lifetime Trustee and Jesse Tutor,

Governing Director and Lifetime Trustee have a family relationship.

Cora Sue Mach, Governing Director and Lifetime Trustee and Steven Mach,

Immediate Past Chairman and Trustee have a family relationship.

Janice Barrow, Governing Director and Lifetime Trustee and Barbara

McCelvey, Secretary and Governing Director and Eric Brueggeman, Trustee
have a family relationship.

Janet Clark, Immediate Past President and Governing Director and Virginia
Clark, Trustee have a family relationship.

Bob Duff, Trustee and Joan Duff, Trustee have a family relationship.

Mike Stude, Chairman Emeritus and Lifetime Trustee and Isabel Stude Lummis,

Governing Director have a family relationship.

Form 990, Part VI, Section A, line 6:

Members of the Society are defined as anyone who has contributed, or on whose behalf there has been a contribution of, at least \$100. Ten or more members shall constitute a quorum at any meeting.

Form 990, Part VI, Section A, line 7a:

One regular meeting of the members of the Society shall be held each year

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

Houston Symphony Society

Employer identification number 74-1157373

in the month of May for the purpose of electing a Board of Trustees for the ensuing fiscal year. The Board of Trustees elect the Governing Directors and Officers of the Society.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Financial Controller and CFO. After internal review, Form 990 is sent to the Governing Directors electronically for their review, questions, and suggested edits. Once their review is complete, the Society electronically files Form 990 with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy is provided annually to the Governing Board for their review and signature. If a conflict is noted, the Trustee is asked to recuse himself from any applicable decisions.

Form 990, Part VI, Section B, Line 15:

Annually, Human Resources staff obtain salary surveys for both the Houston area and orchestras of a similar budget size. The information is made available to the Board President. The Compensation Committee, consisting of the Board President, Board Chair and any other members as may be appointed by the Executive Committee, are responsible for reviewing the comparative data and approving the Executive Director/CEO's compensation package.

Budget constraints are taken into account.

For the Chief Financial Officer and other key employees, annually, Human

Resources staff obtain salary surveys for both the Houston area and

orchestras of a similar budget size. The information is made available to

the Executive Director, who is responsible for approving the compensation

Schedule O (Form 990) 2022 Page **2**

| Name of the organization Houston Symphony Society | Employer identification number 74-1157373 |
|--|---|
| packages. Budget constraints are taken into account. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| The audited financial statements and Form 990 are availab | le on the Houston |
| Symphony website. Governing documents are available upon : | request through |
| the Symphony offices. | |
| | |
| Form 990, Part IX, Line 11g, Other Fees: | |
| <pre>Prof. fees - artistic fees:</pre> | |
| Program service expenses | 4,285,347. |
| Management and general expenses | 155,274. |
| Fundraising expenses | 85,574. |
| Total expenses | 4,526,195. |
| Prof. fees - marketing, education: | |
| Program service expenses | |
| Total expenses | 165,892. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 4,692,087. |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Change in value of pension liability under FASB 87 | -496,505. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| Houston Symp | hony Society | | | | | 74-11573 | 73 | |
|---|--------------------------------------|---|-------------------------------|---------------------------------------|------------------|------------------|---------------------------------------|----|
| Part I Identification of Disregarded Entities. Com | plete if the organization answered " | Yes" on Form 990, Part IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) Or Total inco | me End-of-yea | | ssets Direct o | | g |
| | | | | | | | | |
| | | | | | | | | |
| Identification of Related Tax-Exempt Organ | nizations. Complete if the organiza | tion answered "Yes" on Form 990 | D, Part IV, line 34, I | pecause it had one | or more | related tax-exer | mpt | |
| Part II organizations during the tax year. (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | | Section 512(l controlle entity? | |
| | | | | 501(c)(3)) | | (f) | Yes | No |
| Houston Symphony Endowment - 20-8350227 615 Louisiana St., Ste 102 Houston, TX 77002 | Support the Houston Symphony | Texas | 501(c)(3) | 12a, Type I | Housto Societ | n Symphony | х | |
| Foundation for Jones Hall - 76-0202646 55 Waugh Dr #601 | | | | | | - | | |
| Houston, TX 77007 | Restore Jones Hall | Texas | 501(c)(3) | 12a, Type I | N/A | | | X |
| | l l | ı | 1 | 1 | 1 | | 1 | 1 |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (| h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|--|-----------------------|-------------------------|-----|---------------|--------------------|-------------------------|-----|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | end-of-year amount in b | | amount in box | managin partner | Percentage ownership | |
| | | country) | | sections 512-514) | | 466615 | Yes | No | K-1 (Form 1065) | Yes N | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| | | country | | | | | | Yes | No |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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

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

| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
|--|---|-------------------------------|---|------------|---|---|
| | | | | | X | |
| d Loans or loan guarantees to or for related organization(s) | | | | | | X |
| e Loans or loan guarantees by related organization(s) | | | | | X | |
| | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | X |
| g Sale of assets to related organization(s) | | | | 1g | | Х |
| h Purchase of assets from related organization(s) | | | | 1h | | Х |
| i Exchange of assets with related organization(s) | | | | 1i | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | X | |
| | | | | | | |
| | | | | | | X |
| I Performance of services or membership or fundraising solicitations for related organ | nization(s) | | | 11 | X | |
| m Performance of services or membership or fundraising solicitations by related organ | nization(s) | | | 1m | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s) | | | 1n | X | |
| Sharing of paid employees with related organization(s) | | | | 10 | X | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | X | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | X | |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | nis line, including covered r | relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount i | nvolved | | |
| (1) Houston Symphony Endowment | С | 4,159,432. | Cash | | | |
| | | | | | | |
| (2) Houston Symphony Endowment | E | 11,335,488. | Loan guarantee | | | |
| | | | | | | |
| (3) Houston Symphony Endowment | E | 1,999,422. | Promissory note | | | |
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| (4) | | | | | | |
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| (5) | | | | | | |
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| (6) | I | 1 | | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprition allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|--------------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
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Forms included in Electronic Filing

| Form 990/990-EZ/990-PF | Form 990-T |
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