# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

В	Check if applicab	C Name of organization		D Employer iden	tification number							
_		The David Hochstein Memorial Music										
L	Addre chang Name				.==0							
Ļ	chang	e Doing business as THE HOCHSCETH SCHOOL		16-0768								
Ļ	return											
	Final return termir	-	585-454-4596									
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,181,727.							
누	lreturn	ROCHESCEL, NI 14014	H(a) Is this a grou									
	Application pendi			for subordinates? Yes X No								
		same as C above		_	res included? Yes No							
		empt status: X 501(c)(3)	or 52	—,	h a list. See instructions							
		te: > www.hochstein.org	I. v.	H(c) Group exemp	<u> </u>							
			L Yea	ir of formation: 1920	M State of legal domicile: NY							
	art I	Summary  Briefly describe the organization's mission or most significant activities: To p	roui d	o noonlo of	- 11 2000							
Se	1	backgrounds, and abilities with access t	TOATO	e peopie of	c and dance							
Jan												
Ver	2	Check this box  if the organization discontinued its operations or dispo			1 00							
ၓၟ	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			3 29 4 29							
∞ ഗ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 159							
Activities & Governance		Total number of volunteers (estimate if necessary)			6 135							
듏		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.							
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.							
	<u> </u>			Prior Year	Current Year							
a)	8	Contributions and grants (Part VIII, line 1h)		1,798,310								
ň	9	Program service revenue (Part VIII, line 2g)		1,348,543								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		190,523								
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,865	129,258.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,414,239	4,251,000.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		174,79	334,757.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,911,578								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  207,6		(	38,100.							
ğ	b											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		781,553								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,867,926								
,		Revenue less expenses. Subtract line 18 from line 12		546,313								
Assets or			L.	Beginning of Current Ye								
SSE	20	Total assets (Part X, line 16)		9,808,333								
Net A	21	Total liabilities (Part X, line 26)		645,592 9,162,742								
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		9,104,74.	-•  0,040,074•							
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etate	ments and to the best of	f my knowledge and helief it is							
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			Tilly knowledge and belief, it is							
	, 001100	is, and complete. Declaration of proparer (other than officer) is based on an information of wi	mon propar	inas any knowledge.								
Sig	ın	Signature of officer		I Date								
He		Hilary Respass, President/Exec. Dir.										
110		Type or print name and title										
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
Pai	d	Stephanie Annunziata Stephanie Annun	ziata		P00195472							
	parer	Firm's name Heveron & Company CPAs, PLLC		Firm's EIN								
	Only	Firm's address 260 Plymouth Avenue South		5 2114								
	•	Rochester, NY 14608		Phone no. 5	585-232-2956							
Ma	v the l	RS discuses this return with the preparer shown above? See instructions		1	X Ves No							

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The David Hochstein Memorial Music School, Inc. provides people of all
	ages, backgrounds, and abilities with access to excellent music and
	dance education in a community that nurtures and encourages personal
_	achievement.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?  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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,102,476. including grants of \$ 249,744. ) (Revenue \$ 1,529,743.
	Music and Dance: 2,057 students aged infants to senior citizens were
	served in 36-week school year and 6-week summer sessions, taking weekly
	individual lessons, musicianship and dance classes, vocal and
	instrumental ensembles (chamber music, choirs, bands, jazz and rock
	combos, orchestras), to develop skills and knowledge in music and dance. Instruction took place either in person or virtually, as needed.
	dance. Instruction took prace either in person of virtually, as needed.
4b	(Code: ) (Expenses \$ 475,676 • including grants of \$ 70,133 • ) (Revenue \$ 333,317 • )
	Expressive Arts: 1,024 clients were served throughout 36-week school
	year and 6-week summer sessions onsite and 45 program weeks at
	community sites; students from preschool to senior citizen ages
	participated in weekly individual music, dance, and/or art therapy
	sessions and/or group sessions, to develop cognitive, physical, social,
	and emotional skills contributing to their independence and quality of
	life. Clients were served either in person or virtually, as needed.
40	(Code: ) (Expenses \$ 79,982. including grants of \$ 14,880.) (Revenue \$
	ROCmusic: 15 students in grades 1-12, all residents of the City of
	Rochester, were served by the ROCmusic afterschool program, a
	collaborative of The Hochstein School, Eastman School, Eastman
	Community Music School, City of Rochester, Rochester City School
	District, Rochester Philharmonic Orchestra, and Gateways Music
	Festival. Due to the pandemic, instruction in strings and brass
	instruments as well as musicianship and ensembles was primarily
	provided virtually throughout the school year and during a short summer
	program. Hochstein serves as the fiscal agent for the ROCmusic
	collaborative.
	011
<b>4</b> d	Other program services (Describe on Schedule O.)
40	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \rightarrow \frac{2,658,134.}{}
<u>4e</u>	Total program service expenses 2,030,134.

# The David Hochstein Memorial Music School, Inc

Form 990 (2021)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	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	_		<sub>▼</sub>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment historia land evece av historia etwestures 2 If "Voo " complete Schodule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
o	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
	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	44.		х
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			₩.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del>                                     </del>
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	225	Х

Part IV	Ch	ecklist o	f Required	<b>Schedules</b>	(continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23		Х					
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								
		24a		х					
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	<b>F</b>								
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							
	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		Х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
21									
	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.								
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			l					
	"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		Х					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
02		32		x					
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32							
33				x					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<sub>V</sub>					
	Part V, line 1	34		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
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		<u> </u>					
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	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	Х	<u> </u>					
Pai	t 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	<u></u>							
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
•	(gambling) winnings to prize winners?	1c	Х						
	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		990	(0004)					

Form 990 (2	2021) SCHOOL, INC	Τ0	-0/68	3/58	Pa	age 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			•		Yes	No

					res	INO					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.50								
	filed for the calendar year ending with or within the year covered by this return	2a	159		v						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X						
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					v					
				3a		<u> </u>					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4-		Х					
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	ıt)?	4a							
D	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occup:	to (EDAD)								
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х					
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>-</del>							
ou	any contributions that were not tax deductible as charitable contributions?										
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a		X					
~	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 pi	rovided to the payor?	7a	Х						
b	TO BE THE THE TANK OF THE TANK			7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	to file Form 8282?			7c		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 c	ontrac	t?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
9	9 Sponsoring organizations maintaining donor advised funds.										
a Did the sponsoring organization make any taxable distributions under section 4966?											
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10	Section 501(c)(7) organizations. Enter:	1									
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:	۱۱									
a	Gross income from members or shareholders	11a									
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446									
100	amounts due or received from them.)	11b	,	100							
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120									
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a				14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or								
	excess parachute payment(s) during the year?			15		Х					
	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	ıt incor	ne?	16		X					
If "Yes," complete Form 4720, Schedule O.											
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? $\dots$			17							
	If "Yes," complete Form 6069.										

# The David Hochstein Memorial Music

Form 990 (2021) School, Inc

16-0768758 Page 6

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

						<u> X</u>						
<u>Sec</u>	tion A. Governing Body and Management											
			1		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	29								
	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 0.											
b												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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					l						
	of officers, directors, trustees, or key employees to a management company or other person?					X						
4												
5												
6	•											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			l						
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					l						
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?			8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the			l						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	'evenu	e Code.)									
					Yes	No						
	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 c	•										
	and branches to ensure their operations are consistent with the organization's exempt purposes?				X	<u> </u>						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y											
	on Schedule O how this was done			12c		<u> </u>						
13	Did the organization have a written whistleblower policy?				X	<u> </u>						
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 approve		ndependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1 77							
а	The organization's CEO, Executive Director, or top management official				X	37						
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 arrange	ment v	vith a			v						
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıo	n's									
<u></u>	exempt status with respect to such arrangements?			16b		<u> </u>						
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filled NY		T (	) (0)	N 11	. 1. 1.						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ind 990	J-1 (section 501(c	)(3)s on!	y) avaıl	able						
	for public inspection. Indicate how you made these available. Check all that apply.		ob a dula (C)									
40	Own website X Another's website X Upon request Other (explain		· · · · · · · · · · · · · · · · · · ·									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	or interest policy,	and fina	ıncıal							
	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 bo	ooks ar	na records									
	Hilary Respass - 585-454-4596  50 North Plymouth Avenue, Rochester, NY 14614											
	JO MOLGI LLYMOUGH AVGING, NOCHEBUEL, NI 14014											

#### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	Ĭ		(C Pos	C) ition			(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box offi	, unle	ss pe	rson	itnan is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Dr. Margaret Quackenbush	40.00							100 600	_	2 550
President/Executive Direct	0 00			X		<u> </u>		123,609.	0.	3,550.
(2) C. Allan Reeve, Esq.	0.90									•
Director	0 00	Х				<u> </u>		0.	0.	0.
(3) Mark Fiorini (Through January)	0.20									0
Director	0 50	Х						0.	0.	0.
(4) Margaret Rachfal	0.50									•
Director	1 50	Х				<u> </u>	_	0.	0.	0.
(5) Nancy Reale	1.50	,,								0
Vice Chair	0 20	Х		Х		<u> </u>		0.	0.	0.
(6) Jeffrey Wright	0.30	,,								0
Director (B) (C)	0 10	Х				_		0.	0.	0.
(7) Christopher Shea	0.10	,,						0.	0.	•
Director (C) Manual Shahlada	0.70	Х				<u> </u>		0.	0.	0.
(8) Mary Steblein	0.70	x						0.	0.	0.
Director (9) Jennifer Stenzel	4.00	_	-		_	⊢	_	0.	0.	0.
Chair	4.00	x		х				0.	0.	0.
(10) Virgil Joseph	0.60	^		Δ				0.	0.	0.
Director	0.00	х						0.	0.	0.
(11) Steven Morse	0.40							0.	0.	•
Director	0.40	x						0.	0.	0.
(12) Anthony Piazza, Esq.	0.40					<del>                                     </del>		· ·	•	0.
Director	0,10	x						0.	0.	0.
(13) Steve Wershing	1.50	Η-				┢		•		
Director		x						0.	0.	0.
(14) Katarzyna Murphy, Esq. (Through	0.10							• •	•	•
January) Director		x						0.	0.	0.
(15) Darin Price	0.50					T				
Director		х						0.	0.	0.
(16) Michael Reed	0.90									
Director		x						0.	0.	0.
(17) Judith Ricker	1.30									
Director		х						0.	0.	0.

Form 990 (2021) 132007 12-09-21

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st	Compensated Employe	es (continued)				<del>-</del>
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable			matec	Ł
	hours per	box	, unle	ss pe	rson	is bo	th ar	compensation	compensation		amo	ount o	f
	week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related		0	ther	
	(list any	ector						the	organizations			ensati	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC	"		m the	
	organizations	nstee	truste		9	suadi		(W-2/1099-MISC/	1099-NEC)		_	nizatio	
	below	ual tr	tiona		ploye	t con		1099-NEC)				relate izatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	iizatioi	110
(18) Sidney Sobel, M.D.	0.40				<u> </u>	1							
Director		X						0.		0.			0.
(19) Rachel Stuckey	0.30												
Director		Х						0.		0.			0.
(20) Laurie Coles, Esq.	0.40												
Director		Х						0.		0.			0.
(21) Aimee Jozic	1.30												
Secretary		Х		Х				0.		0.			0.
(22) Maureen Rutecki	0.30												
Director		Х						0.		0.			0.
(23) Jeremy Stein	0.50	١		l						ا ۲			_
Treasurer	0 40	Х		Х		<u> </u>		0.		0.			0.
(24) Stephen Burke	0.40	x						0.		٥.			0.
Director (25) Neal Burns	0.50	₽				$\vdash$	⊢	+ •••		<del>``</del>			<u> </u>
Director	0.30	x						0.		٥.			0.
(26) R. Carlos Carballada	0.50					1	H	+		<del>"</del>			
Director		x						0.		0.			0.
1b Subtotal							▶	123,609.		0.	3	,55	0.
c Total from continuation sheets to Part VI	I, Section A						<b></b>	0.		0.			0.
d Total (add lines 1b and 1c)							▶	123,609.		0.	3	,55	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) w	ho	received more than \$100	0,000 of reportable				
compensation from the organization													1
										г		Yes	No
3 Did the organization list any <b>former</b> officer,													37
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the su													Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4		
rendered to the organization? If "Yes," com					-		Cla	tted organization or indiv	idual for services		5		Х
Section B. Independent Contractors	prote Correau		0, 0,		<i>p</i> 0. c								
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	ract	ors	that received more than	\$100,000 of comp	ensa	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	in the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address	N	INC	Ξ				Description of s	services	C	ompen	sation	
										—			
									+				
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to	tho	se li	ste	d above) who received r	nore than				

Form **990** (2021)

\$100,000 of compensation from the organization

See Part VII, Section A Continuation sheets

16-0768758

oloyees (continued)	,
(E)	(F)
Reportable compensatio from related	
organizations (W-2/1099-MIS	s compensation
0.	0. 0.
0.	0. 0.
0.	0. 0.
0.	0. 0.
0.	0. 0.
0.	0. 0.
+	
_	

Form 990 (2021) School,
Part VIII Statement of Revenue

			Check if Schedule O	contain	s a response	or note to any lin	e in this Part VIII			
			Check if Schedule O	Jornann	з а гезропзе	or note to arry lin	(A) Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
							TotalTeveride		business revenue	from tax under sections 512 - 514
SS	_				1,1	9,231.				360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			9,231.				
۾ ۾			Membership dues			103,109.				
ifts Ir A			Fundraising events			103,103.				
s, G			Government grants (contr			516,620.				
Sir			All other contributions, gifts,		′ <del>                                    </del>	010,010.				
outi		•	similar amounts not included		1 1	1,454,582.				
it d		a	Noncash contributions included in		··· —	34,143.				
Cor		_	Total. Add lines 1a-1f			· •	2,083,542.			
						Business Code				
ě	2	а	Tuition and Registr	ation		611600	1,820,802.	1,820,802.		
rvic		b								
Se		С								
am eve		d								
Program Service Revenue		е								
P		f	All other program service	revenu	e					
		g	Total. Add lines 2a-2f				1,820,802.			
	3		Investment income (include	-		· ·				
			other similar amounts)				81,538.			81,538.
	4		Income from investment of			r				
	5		Royalties							
	_			<u>ا .</u> ا	(i) Real	(ii) Personal				
			Gross rents	6a	95,190.	4,536.				
			Less: rental expenses	6b	95,190.	4,536.				
			Rental income or (loss)  Net rental income or (loss)	_ [6c		<u> </u>	99,726.	4,536.		95,190.
			Gross amount from sales of		i) Securities	(ii) Other	33,720.	4,550.		33,130.
	′	а	assets other than inventory	1 <del>-</del>	1,040,216.	(11) GET 101				
		h	Less: cost or other basis	14	-, · · · · , · ·					
ne ne		~	and sales expenses	7b	904,356.					
/en		С	Gain or (loss)	7c	135,860.					
Other Revenue			Net gain or (loss)				135,860.			135,860.
Jer			Gross income from fundraisi							
ΟĦ			including \$	103,10	09. of					
			contributions reported on							
			Part IV, line 18		8a	18,181.				
			Less: direct expenses		8b	26,371.				
		С	Net income or (loss) from	fundrai	sing events	<b>&gt;</b>	-8,190.			-8,190.
	9	а	Gross income from gamin							
			Part IV, line 19							
					·····					
			Net income or (loss) from		´ —					
	10	a	Gross sales of inventory,			100.				
		<b>L</b>	and allowances							
			Less: cost of goods sold Net income or (loss) from			·	100.	100.		
_			THOSE INCOMES OF (1055) HOTH	Juies U	THIVEITTUITY	Business Code	200.	200.		
sno	11	а	Other Income			611600	37,622.	37,622.		
ane		ս b					, ,	, ,		
eve		c								
Miscellaneous Revenue			All other revenue							
_			Total. Add lines 11a-11d			<b>.</b>	37,622.			
	12		Total revenue. See instruction	ns		<b>D</b>	4,251,000.	1,863,060.	0.	304,398.

132009 12-09-21

# 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	334,757.	334,757.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 100	55 501	05 004	05 004
	trustees, and key employees	129,169.	77,501.	25,834.	25,834.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 762 720	1 451 402	216 010	05 246
7	Other salaries and wages	1,763,739.	1,451,483.	216,910.	95,346.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	75 000	40.000	26 072	0 0 4 1
9	Other employee benefits	75,009.	40,096.	26,872.	8,041.
10	Payroll taxes	162,439.	129,430.	23,165.	9,844.
11	Fees for services (nonemployees):				
	Management	58.		58.	
b	Legal	17,700.		17,700.	
	Accounting	17,700.		17,700.	
d	Lobbying Professional fundaciona con ilica Con Bort IV line 17	38,100.			38,100.
e	Professional fundraising services. See Part IV, line 17	32,550.		32,550.	30,100.
	Investment management fees	32,330.		34,330.	
g	Other. (If line 11g amount exceeds 10% of line 25,	96,428.	32,822.	45,668.	17,938.
40	column (A), amount, list line 11g expenses on Sch 0.)	42,097.	32,022•	42,097.	17,930•
12	Advertising and promotion	79,144.	57,890.	18,536.	2,718.
13	Office expenses	3,322.	31,030.	3,322.	2,710.
14	Information technology	3,322.		3,322.	
15	Royalties	294,806.	271,007.	21,388.	2,411.
16	Occupancy	274,000.	271,007.	21,300.	2,411.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	11,325.	10,051.	1,274.	
19 20	, ,	11,525•	10,001.	-,4,4	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	214,148.	184,134.	28,318.	1,696.
23	Insurance		,		_,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule Q,)				
а	Bad Debt Expense	23,642.		23,642.	
b	Educational Supplies	18,681.	18,681.		
c	Recitals and Performanc	6,945.	6,945.		
d		.,	- ,		
	All other expenses	54,435.	43,337.	5,417.	5,681.
25	Total functional expenses. Add lines 1 through 24e	3,398,494.	2,658,134.	532,751.	207,609.
26	Joint costs. Complete this line only if the organization			, -	, <u></u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
12201	0 12-09-21			·	Form <b>990</b> (2021)

# Form 990 (2021) Part X Balance Sheet

Part 2	<b>X</b>	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	774,414.	1	822,132		
:	2	Savings and temporary cash investments			126,894.	2	217,491
;	3	Pledges and grants receivable, net	153,376.	3	516,530		
.		Accounts receivable, net			229,990.	4	54,319
		Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ons		5		
-   -	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ا ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			637.	8	637
₹   १	9	Prepaid expenses and deferred charges	31,653.	9	35,121		
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	8,543,260.			
	b	Less: accumulated depreciation	10b	5,071,542.	3,515,519. 4,975,850.	10c	3,471,718 3,957,182
1		Investments - publicly traded securities			4,975,850.	11	3,957,182
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets				14	
1:	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must equ			9,808,333.	16	9,075,130
1	7	Accounts payable and accrued expenses			212,887.	17	190,390
18	8	Grants payable			18		
19		Deferred revenue			33,835.	19	44,066
20	0	- an absolute				20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဂ္ဂ 2	2	Loans and other payables to any current or form	ner offic	cer, director,			
≝		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the		22			
ت   <sub>2</sub> :	3	Secured mortgages and notes payable to unrela	398,870.	23	0		
2	4	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D		25			
2	6	Total liabilities. Add lines 17 through 25			645,592.	26	234,456
"		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Net Assets or Fund Balances このである。		and complete lines 27, 28, 32, and 33.					
<u>E</u> 2	7	Net assets without donor restrictions			7,141,702. 2,021,039.	27	6,700,035
<u>n</u> 2	8	Net assets with donor restrictions		<u></u>	2,021,039.	28	2,140,639
<u> </u>		Organizations that do not follow FASB ASC 9					
_		and complete lines 29 through 33.					
g 2		Capital stock or trust principal, or current funds				29	
g   30	0	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		30	
≝   3	1	Retained earnings, endowment, accumulated in	icome,	or other funds		31	
<u> </u>	2	Total net assets or fund balances			9,162,741.	32	8,840,674
3	3	Total liabilities and net assets/fund balances .			9,808,333.	33	9,075,130.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,25	<u>1,0</u>	<u>00.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	85	2,5	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,16		
5	Net unrealized gains (losses) on investments	5	-1,17	<u>4,5</u>	73.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,84	0,6	74.
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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.
The David Hochstein Memorial Music

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

School, Inc 16-0768758 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2021 (I					14	<u>%</u>
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c	· ·		,		*	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						nis box
	and <b>stop here.</b> The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances to	•					
b	10% -facts-and-circumstances tes	t <b>- 2020.</b> If the orc	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box		
						Schedule A	(Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

_	qualify under the tests listed below, please complete Part II.)								
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	822,435.	943,260.	1078958.	1798310.	2101723.	6744686.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1809591.	1876537.	1706702.	1348905.	1820902.	8562637.		
2	Gross receipts from activities that	1003331.	10703374	17007020	13103031	10203020	0302037•		
3	· ·								
	are not an unrelated trade or bus-	4,777.	22,766.				27,543.		
	iness under section 513	4,///•	22,700.				27,343.		
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								
A	<b>Total.</b> Add lines 1 through 5	2636803.	2842563.	2785660.	3147215.	3922625	15334866.		
	Amounts included on lines 1, 2, and		2012303	2,03000	311/213	3,22,023			
1 a	3 received from disqualified persons						0.		
h	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						0.		
c	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6.)						15334866.		
	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(4) 2020	(e) 2021	(f) Total		
	Amounts from line 6	2636803.	2842563.	2785660.	(d) 2020 3147215.	3922625	(f) Total 15334866.		
	Gross income from interest, dividends, payments received on	2030003.	2042505.	2703000.	3147213.	3322023•	13334000.		
	securities loans, rents, royalties, and income from similar sources	193,338.	220,892.	160,218.	115,475.	181,264.	871,187.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	193,338.	220,892.	160,218.	115,475.	181,264.	871,187.		
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.)	9,810.	11,011.	24,861.	17,808.	37,622.	101,112.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	2839951.	3074466.	2970739.	3280498.	4141511.	16307165.		
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,		
	check this box and stop here	- 	· · · · · · · · · · · · · · · · · · ·			. , , , ,			
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				•		
	Public support percentage for 2021 (			column (fl)		15	94.04 %		
16	Public support percentage from 2020		•	( //		16	93.72 %		
	ction D. Computation of Investigation						= - 70		
	Investment income percentage for 20			ne 13. column (fl)		17	5.34 %		
	Investment income percentage from 2					18	5.80 %		
18 10a	33 1/3% support tests - 2021. If the		• • • • • • • • • • • • • • • • • • • •	on line 14, and line					
เซล							► X		
1-	more than 33 1/3%, check this box a		-						
D	33 1/3% support tests - 2020. If the	· ·							
00	line 18 is not more than 33 1/3%, che		-	· ·		-			
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check th	iis dox and see ins	structions	<b>P</b>		

# Part IV | Supporting Organizations

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

Section A. All Supporting Organizations Yes No 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. 1 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). 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. За **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. 3b 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. Зс 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. 4a **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. 4b 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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 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). 7 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). 8 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. 9a **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. 9b 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. 9с 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

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990) 2021 School, Inc

Pa	TTIV   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		
	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			
500	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and of type in cupper and of gameanone		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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	<u></u>		
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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			
	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			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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		

16-0768758 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	. age c
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te 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		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see
	inetructions)	, 5	71 119 - 19	•

Schedule A (Form 990) 2021

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>		6-0/66/56 Page
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			1	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				hedule A (Form 990) 20

Schedule A (Form 990) 2021

# The David Hochstein Memorial Music

16-0768758 Page 8 School, Inc Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part IV, Section B, Lines 1 and 2; Part IV, Section B,

	Sec <sup>-</sup>	tion D	rt IV, Sect , lines 5, uctions.)	tion D, line 6, and 8;	es 2 and 3; I and Part V,	Part IV, Section	Section E, lines 1c, 2a, 2 E, lines 2, 5, and 6. Also	b, 3a, ar comple	nd 3b; Part V te this part fo	, line 1; Part V, Section B, line 1e; Part V, or any additional information.
Schedu	ıle	Α,	Part	III	Line	12,	Explanation	for	Other	Income:
Other	Inc	come	е							

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

The David Hochstein Memorial Music

Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

School, Inc 16-0768758 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

	organizations waintaining bonor Advise organization answered "Yes" on Form 990, Part IV, lin		71000 antiologniplete in the
	organization answered Tes Off Officials, Factor, in	(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizati		,
	Preservation of land for public use (for example, recrea	` <u>`</u>	storically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		-
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		anization during the tax
	year >	, 3 , ,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		<i>G</i> ,
7	Amount of expenses incurred in monitoring, inspecting, hand	Iling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar 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 revenue statement and b	oalance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	/// A		<b>L</b> A
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2021

		d Hochstei	n Memoria	1 Music	16 0'	768758	- <b>0</b>
	dule D (Form 990) 2021 School, rt III Organizations Maintaining C		Historical Tr	easures or Ot			
3	Using the organization's acquisition, accessic						eu)
3	collection items (check all that apply):	on, and other records	, check any or the	TO TO WITH THAT THAK	e signilicant use of it	.5	
_	Public exhibition	d	Loop or eve	hanga program			
a				hange program			
b	Scholarly research	е	U Other				
C	Preservation for future generations		la a 4 la a 4			4 VIII	
4	Provide a description of the organization's co	•	•	•		art XIII.	
5	During the year, did the organization solicit or		,			٦,,	<b></b>
Dai	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrange					Yes	└── No
rai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part	•	e if the organizatio	n answered "Yes"	on Form 990, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other assets n	ot included		
	on Form 990, Part X?		-			Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				
-	Too, explain the arrangement in rare win e	and complete the follo	ownig table.			Amount	
_	Reginning balance				1c		
	Beginning balance Additions during the year						
f	Distributions during the year				1f		
	Ending balance  Did the organization include an amount on Fo					Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					163	
	rt V Endowment Funds. Complete if						
		(a) Current year	(b) Prior year		(d) Three years back	(e) Four y	ears back
12	Beginning of year balance	5,005,850.	4,040,416.	3,947,418	1	. ,	78,411.
	Contributions	249,833.	30,100.	75,149			8,467.
	Net investment earnings, gains, and losses	-957,498.	1,161,969.	318,813		_	.54,271.
	Grants or scholarships	, 1	, , ,	,	,		
	Other expenditures for facilities					+	
Ŭ	and programs	209,000.	196,616.	274,295	. 227,520	. 1	.45,007.
f	Administrative expenses	32,550.	30,019.	26,669			9,264.
	End of year balance	4,056,635.	5,005,850.	4,040,416			86,878.
_	Provide the estimated percentage of the curre				-1 , ,	<u> </u>	
	Board designated or quasi-endowment	65.3280	%	y) Hold do.			
	Permanent endowment ► 34.6720	%					
	Term endowment > 9						
Ū	The percentages on lines 2a, 2b, and 2c shou	-					
За	Are there endowment funds not in the possess	•	tion that are held a	nd administered fo	r the organization		
	by:	, , , , , , , , , , , , , , , , , , ,			. in ongameanon	ΓY	es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						Х
h	If "Yes" on line 3a(ii), are the related organizations						+
4	Describe in Part XIII the intended uses of the	•				[35]	
Par	rt VI Land, Buildings, and Equipm		one rando.				
	Complete if the organization answered		Part IV, line 11a. S	See Form 990, Part	X, line 10.		
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c)	Accumulated	(d) Book v	value
	1 - F - F - F - 7	basis (investm	' '		lepreciation	. ,	
1a	Land		49	5,662.		495	,662.
	Buildings				,995,977.	2,644	

Schedule D (Form 990) 2021

136,362.

194,968. 3,471,718.

662,552.

413,013.

c Leasehold improvements \_\_\_\_\_

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

798,914.

607,981.

Part VIII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII
		Sch	edule D (Form 990) 2021

0-1-	- dud- D (5 000) 0001	The David Hochstein : School, Inc	Memorial M	<b>Tusic</b>	16-	0768758 Page 4
	edule D (Form 990) 2021	of Revenue per Audited Financia	I Statements V	/ith Revenue ner F		
· u		anization answered "Yes" on Form 990, Part		riai novonao poi i	.o.u	··•
1		other support per audited financial statemen			1	2,899,769.
2	, ,	but not on Form 990, Part VIII, line 12:			•	2,033,7,030
		es) on investments	2a	-1,174,573.		
b		of facilities			4	
c		ants			_	
d		.)			-	
е		2		•	2e	-1,174,573.
3	· ·				3	4,074,342.
4		n 990, Part VIII, line 12, but not on line 1:				
а		ncluded on Form 990, Part VIII, line 7b	4a	-32,550		
b	·	.)		00000	,	
С					4c	176,658.
5		and <b>4c.</b> (This must equal Form 990, Part I, lir			5	4,251,000.
Pa	rt XII Reconciliation	of Expenses per Audited Financia	al Statements	With Expenses per	Retu	irn.
	Complete if the org	anization answered "Yes" on Form 990, Part	l IV, line 12a.			
1	Total expenses and losses	per audited financial statements			1	3,374,134.
2		1 but not on Form 990, Part IX, line 25:		_		
а	Donated services and use	of facilities	2a			
b						
С						
d		.)		8,190.	<u>.                                    </u>	
е	Add lines 2a through 2d				2e	8,190.
3		l			3	3,365,944.
4		n 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not i	ncluded on Form 990, Part VIII, line 7b	4a	32,550.	<u>.</u> ]	
b	Other (Describe in Part XIII	.)	4b			
С	Add lines 4a and 4b				4c	32,550.
_		3 and 4c. (This must equal Form 990, Part I,	line 18.)		5	3,398,494.
Pa	rt XIII Supplemental	information.				
	·	d for Part II, lines 3, 5, and 9; Part III, lines 1a es 2d and 4b. Also complete this part to prov			4; Part	t X, line 2; Part XI,
Pa:	rt V, line 4:					
The	e endowment fu	nd exists to support t	he current	operating b	oudg	et, as well
as	for multiple	scholarships, tuition	assistance	e, and ensemb	ole	programs of
Но	chstein by rel	easing a sustainable s	upplementa	l flow of ir	com	e, to
pro	ovide for the	long term growth of th	e principa	of the inv	rest	ed funds,
and	d to provide a	reserve of last resor	t for the	School.		
Pa	rt XI, Line 4b	- Other Adjustments:				
D:-	roat Eundroiai					0 100

Direct Fundraising Expenses	-8,190.
Dividends and Interest	81,538.
Realized Gain	135,860.
Total to Schedule D, Part XI, Line 4b	209,208.

Total to Schedule D, Part XI, Line 4b

Schedule D (Form 990) 2021

Part XIII   Supplemental Information (continued)
Part XII, Line 2d - Other Adjustments:
Direct Fundraising Expenses 8,190.
Part V, line 1a:
Due to the addition of established quasi-endowment funds, the beginning
balance three years back does not match the four years back ending
balance.

# SCHEDULE G (Form 990)

Department of the Treasury

#### **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

Open to Public Inspection

Internal Revenue Service

Name of the organization

The David Hochstein Memorial Music School, Inc

Employer identification number 16-0768758

Part I Fundraising Activities required to complete this part	- Complete if the organization answ t.	vered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicit  f Solicit g X Specia  or oral agreement with any individual  Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (includ professi	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Empreinte Consulting, LLC - 2401 Monroe Avenue,	Consulting on event planning & contribution	Yes	No X	269,784.	38,100.	231,684.
			<b></b>	269,784.	38,100.	231,684.
List all states in which the organization or licensing.  NY	on is registered or licensed to solici	t contrib	utions	s or has been notified	d it is exempt from re	egistration

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

See Part IV for continuations

Schedule G (Form 990) 2021

School, Inc

16-0768758 Page 2

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs		(b) Event #2  (event type)	(c) Other events None  (total number)	100,190.
2 Less: Contributions  3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes	118,371. 100,190. 18,181.	(event type)	(total number)	118,371. 100,190. 18,181.
2 Less: Contributions  3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes	100,190.			100,190.
Gross income (line 1 minus line 2)  Cash prizes  Noncash prizes	18,181.			
Cash prizes  Noncash prizes				18,181.
6 Noncash prizes				
				1
Rent/facility costs				
	453.			453.
Food and beverages	14,961.			14,961.
B Entertainment Other direct expenses				10,957.
			<u> </u>	26,371.
-				-8,190.
Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
\$15,000 on Form 990-EZ, line 6a.				
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
? Cash prizes				
Noncash prizes				
Rent/facility costs				
6 Other direct expenses			l v	
Volunteer labor	No Yes %	Yes % No	Yes %   No	
' Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
s the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
113.7 11 1 1			( year?	Yes No
				edule G (Form 990) 2021
	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li  III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming act "No," explain:  Vere any of the organization's gaming licenses results.	Other direct expenses	Other direct expenses	Other direct expenses summary. Add lines 4 through 9 in column (d)    Net income summary. Subtract line 10 from line 3, column (d)

# The David Hochstein Memorial Music

Sch	hedule G (Form 990) 2021 School, Inc	16	<u> -0768758</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 m			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility		13a	%
	<b>b</b> An outside facility		13b	%
14	Enter the name and address of the person who prepares the organi	zation's gaming/special events books and records:		
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom	the organization receives gaming revenue?	Yes	☐ No
b	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organ	ization ▶\$ and the amount		
	of gaming revenue retained by the third party ▶\$			
С	c If "Yes," enter name and address of the third party:	<del>_</del>		
	Name			
	Address ▶			
16				
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee	Independent contractor		
17	Mandatory distributions:			
	<ul> <li>a Is the organization required under state law to make charitable distr</li> </ul>	ibutions from the gaming proceeds to		
u	retain the state gaming license?	<b>5 5</b> ,	Yes	☐ No
b	<b>b</b> Enter the amount of distributions required under state law to be dis			
_	organization's own exempt activities during the tax year > \$	, , , , , , , , , , , , , , , , , , ,		
Pa	art IV Supplemental Information. Provide the explanation	s required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any addi			
Sc	chedule G, Part I, Line 2b, List of	Ten Highest Paid Fundrais	sers:	
		<u> </u>	-	
(i	i) Name of Fundraiser: Empreinte Co	ngulting LLC		
7	r, name or rundrarser. Emprernce Co	TRUTCING, DUC		
<u>(i</u>	i) Address of Fundraiser: 2401 Monr	oe Avenue, Rochester, NY	14618	
<u>(i</u>	ii) Activity: Consulting on event p	lanning & contribution sol	icitation	n.

# The David Hochstein Memorial Music 16-0768758 Page 4 School, Inc Schedule G (Form 990) Part IV | Supplemental Information (continued)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2021	Open to Public	Inspection

OMB No. 1545-0047

% **Employer identification number** Schedule I (Form 990) 2021 16-0768758 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table The David Hochstein Memorial Music (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization School, or government Name of the organization Part II Part |

43

The David Hochstein Memorial Music

Schedule I (Form 990) 2021 School, Inc

Part III Grants and Other Assistance to Domestic Individuals, Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

16-0768758

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Tuition assistance	1772	334,757.	0	Tuition Rates	Reduced or free tuition,
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Tuition assistance awards to indivi	duals.	and families	who	participate in	
our programs are made on the basis	of	required documentation,		guidelines	
and sliding fee scales established	by the	School's a	administration;	ion; requests	
for assistance beyond the established		guidelines are	reviewed	by the Dean	
of Students, who makes final decisi	ons,	unless addit	additional review	ew is	
requested from the President & Exe	Executive D	Director.			

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. The David Hochstein Memorial Music

**Employer identification number** 

16-0768758 School, Inc Types of Property (d) (a) (b) (c) Noncash contribution Check if Number of Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 34,143. Opinions of experts 426 Instruments a) 25 Other -26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2021

# The David Hochstein Memorial Music School. Inc

Supplemental Information. Provide the information required by Part I, lines 30b; 32b, and 33, and whether the organization is reporting in Part I, courning (b) the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	Schedule M	(Form 990) 2021	School, Inc	16-0768758	Page 2
this part for any additional information.	Part II	Supplemental	I Information. Provide the information required by Part I, lines 30b, 32b, and 33,	, and whether the organizat	ion
		this part for any a	t I, column (b), the number of contributions, the number of items received, or a comi dditional information.	bination of both. Also comp	olete
	-				
	-				

132142 11-17-21 Schedule M (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. The David Hochstein Memorial Music School, Inc

**Employer identification number** 16-0768758

Form 990, Part I, Line 1, Description of Organization Mission: education in a community that nurtures and encourages personal achievement.

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

The Form 990 will be reviewed by the Finance/Audit Committee before filing. All members of the Board of Directors will also receive the Form 990 to review before filing as well.

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

Conflict of interest disclosure statements are completed annually by Board members and by the School's senior staff; they are reviewed by the School's President and the Board Chair. Individual statements are updated if a Board member/Board member's firm has been contracted by the School for compensated services. In 2021-2022 we had no such contracts with Board members or firms in which Board members had an interest. Quarterly, Board members are reminded to provide to the School's President any changes in their affiliations that may result in a conflict of interest. If a potential conflict is identified, the nature of the potential conflict is explored to determine whether a conflict of interest that has bearing on decisions made and/or funds expended. If the School considers contracting with a Board member/a Board member's firm, the Board member is required to abstain from any committee or full Board deliberation and approval process.

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

The President/Executive Director's salary is evaluated as part of the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page
Name of the organization The David Hochstein Memorial Music School, Inc	Employer identification number 16-0768758
annual budget process prepared by the Finance Committee a	nd offered to the
full Board for their approval. Following the budget appro	val, the Executive
Committee of the Board considers the performance evaluati	on of the
President & Executive Director, including consideraton of	appropriate
benchmarks, and makes the final determination of any comp	ensation increase
specific to this position.	
There are no other key employees compensated.	
Form 990, Part VI, Section C, Line 19:	
All governing documents, conflict of interest policy, and	form 990s are
available upon request. The School's financial statements	and a summary of
information about the School's financial position, member	s of the public
served, and other accomplishments are published in an ann	ual report,
available in print on request as well as on the School's	website.