# Form **990**(Rev. January 2020) Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2019
Open to Public Inspection

A	For the	2019 calendar year, or tax year beginning	JUL 1, 2019 and	ل ending	UN 30, 2020	
В	Check if applicable	C Name of organization			D Employer identifi	ication number
		The David Hochstein Me	emorial Music			
	Addre:	School, Inc				
	Name chang	Doing business as			16-07687	58
	lnitial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone numbe	er
	☐Final return/		•		585-454-	
	termin ated	City or town, state or province, country, and			G Gross receipts \$	4,220,055.
	Ameno	Rochester, NY 14614	<b>5</b> .		H(a) Is this a group r	
	Application	F Name and address of principal officer:Man	garet Ouackenbu	.sh	for subordinates	
	pendin	g same as C above	-		H(b) Are all subordinates i	
T	Tax-exe		) ◀ (insert no.) ☐ 4947(a)(1)	or 527	1	list. (see instructions)
		e: > www.hochstein.org			H(c) Group exemption	
			ssociation Other	L Year		✓ State of legal domicile: NY
		Summary				
-	1 1	Briefly describe the organization's mission or mos	t significant activities: Prov	ide mu	sic and dan	.ce
ĕ		education to nurture & en				
na L	_	Check this box 🕨 🔲 if the organization disco				ssets.
Š		Number of voting members of the governing body				30
Ğ		Number of independent voting members of the go				30
တ္ဆ		Fotal number of individuals employed in calendar				174
ij		Total number of volunteers (estimate if necessary)				115
Activities & Governance	7 a	Fotal unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	2,517.
. ◀		Net unrelated business taxable income from Form				-1,656.
					Prior Year	Current Year
a)	8 (	Contributions and grants (Part VIII, line 1h)		<u> </u>	943,260.	1,078,958.
Ž					1,876,165.	1,706,602.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4			130,086.	96,635.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			138,353.	116,382.
	1	Total revenue - add lines 8 through 11 (must equa			3,087,864.	2,998,577.
		Grants and similar amounts paid (Part IX, column			281,924.	234,517.
		Benefits paid to or for members (Part IX, column (			0.	0.
(C)		Salaries, other compensation, employee benefits (			2,102,386.	2,132,834.
Expenses		Professional fundraising fees (Part IX, column (A),			0.	25,000.
ğ		otal fundraising expenses (Part IX, column (D), lin		72.		23,0001
Щ		Other expenses (Part IX, column (A), lines 11a-11d			800,073.	791,190.
		otal expenses. Add lines 13-17 (must equal Part l			3,184,383.	3,183,541.
		Revenue less expenses. Subtract line 18 from line			-96,519.	-184,964.
580		to to the time of time of the time of time of the time of time	14	Ren	inning of Current Year	End of Year
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)			7,799,077.	8,200,514.
ASS Bas	21 T	*			192,654.	555,802.
<u>=                                    </u>	22 1	let assets or fund balances. Subtract line 21 from			7,606,423.	7,644,712.
	art II	Signature Block	TIME 20		7,000,425	7,033,7144
		ies of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	nts, and to the best of m	knowledge and helief it is
		, and complete. Declaration of preparer (other than office				y Kirowiougo aria bolloi, it lo
,		magnet brungen		non proparor	1 1 1 1	<u> </u>
Sigr		Signature of officer			Date	
Her:		Margaret Quackenbush,	President/Evec	Dir		
101	۱	Type or print name and title	IICBIGCHE/ HACC.	<u> </u>		
		Print/Type preparer's name	Preparer's signature	Da	ate Check	PTIN
aid			Stephanie Annun:		if L	
		Firm's name   Heveron & Compan		и на сан.		27-1895149
	-	Firm's address 260 Plymouth Ave		<del>-</del>	FILITI S CIN	<u>4 1 - T0337#3</u>
- 50	Jy	Rochester, NY 14			Dhone no E O	5_232_2054
Mari	the ID	S discuss this return with the preparer shown abo			Frione no. 3 6	5-232-2956 X Yes No
viay	LITTE IT	u algongg i ng return with the preparet Shown ap(	/vo: 1366 1113111161101131			IALITES I NO

	n 990 (2019) School, Inc	<u> 16-0768758</u>	Page 2
Pa	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 with excellent music and dance education in an environment nurtures and encourages personal achievement.		ity
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	Music and Dance: 2,054 students aged infants to senior of served in 36-week school year and 6-week summer sessions individual lessons, musicianship and dance classes, voca instrumental ensembles (chamber music, choirs, bands, ja combos, orchestras), to develop skills and knowledge in dance.	citizens were s, taking we al and azz and rock	e ekly
4b	(Code:)(Expenses \$	-week schooleeks at en ages ert therapy ysical, soc	ial,
4c	(Code:)(Expenses \$ 68,480. including grants of \$ ] (Revenue ROCmusic: 130 students in grades 1-12, all residents of Rochester, were served by the ROCmusic afterschool progres collaborative of The Hochstein School, Eastman School, Ecommunity Music School, City of Rochester, Rochester Cit District, Rochester Philharmonic Orchestra, and Gateways Festival. Instruction in strings and brass instruments a musicianship and ensembles was provided through the scho Gantt, Edgerton, and Douglass Community Centers, as well short summer program. Hochstein serves as the fiscal age ROCmusic collaborative. This program is supported by con	the City of am, a astman y School Music s well as ol year at a as during and for the	
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$	1	<del></del>
40	Total program service expenses 2 434 622		

Form 990 (2019) School, Inc
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)?	İ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 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			- T
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>,</b>		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		_^_
8		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u>
е	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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
_	Schedule D, Parts XI and XII	12a	Λ	
D	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	40h		v
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı+d		- 21
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		<u>X</u>
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ļ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		21
20	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	ĺ		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	N - AUE - 000 (1)	38	х	
Par		- 30	42	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	_110_
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
03300/	. 01.20.20		9907	2019)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 174	'		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_X_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	is the organization an educational historical subject to the section 4000 cacies tax of het investment medical	-,5		

Form 990 (2019) School, Inc

16-0768758

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	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		30			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		[	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or				
	persons other than the governing body?			[	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			]	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	Ì			
	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 Re	evenu	e Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			Г	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the for	ո?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe		l		
	in Schedule O how this was done				12c	_X_	<u> </u>
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization		••••		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	O-T (Section 50	1(c)(3):	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	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, co	nflict	of interest polic	cy, and	finar	rcial	
	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	oks ar	nd records 🕨				
	Margaret Quackenbush - 585-454-4596						
	50 North Plymouth Avenue, Rochester, NY 14614						

932006 01-20-20

School, Inc

Form 990 (2019)

16-0768758

Page 7

### 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A)  Name and title	(B) Average hours per	(do	not c		c) itior more	1 than	one th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) C. Allan Reeve, Esq. Director	0.30	X				Ì		0.	0.	0.
(2) Mark Fiorini	0.60	-				_	-			
Director		x						0.	0.	0.
(3) Katherine Schumacher	0.50									
Director		Х						0.	0.	0.
(4) Carlos Carballada	0.30									
Director		Х						0.	0.	0.
(5) Mimi Hwang	0.40									
Director		X						0.	0.	0.
(6) Eric Logan	0.50									
Director		X				<u> </u>		0.	0.	0.
(7) Charles Pulire	0.20	ļi								
Director		X						0.	0.	<u> </u>
(8) Kearstin Piper Brown	0.50							_	_	_
Director		Х						0.	0.	0.
(9) Margaret Rachfal	0.40			ĺ					_	_
Director		Х						0.	0.	0.
(10) Nancy Reale	0.30									
Director	0.40	Х	$\dashv$					0.	0.	0.
(11) Jeffrey Wright	0.40									•
Director	0 20	X						0.	0.	0.
(12) Christopher Shea	0.20	v	ĺ					0	0	0
Director	0.50	Х						0.	0.	0.
(13) Mary Steblein	0.50	x						0.	0.	0
Director (14) Jennifer Stenzel	1.30	^		$\dashv$				U•	0.	0.
Vice Chair	1.30	х	Ì	$\mathbf{x}$				0.	0.	0.
(15) Kathleen Suher	0.30	27		<u> </u>				0.	U •	<u> </u>
Director	7.50	x						0.	0.	0.
(16) Elizabeth Rice	0.30							0.		<u>0.</u>
Director	3,20	x						0.	0.	0.
(17) Michael Rotondo, M.D.	0.10		$\neg$	$\neg$						
Director		x		Ì				0.	0.	0.

932007 01-20-20

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	yees	, an	d H	ighe	est (	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per	(do	o not c	Pos heck	C) sitior more	n e than	one	( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F Estim	nated
	week		t, unle						compensation from related	amou oth	
	(list any	director						the	organizations	compe	
	hours for	1 5	g,			ated		organization	(W-2/1099-MISC)	from	
	related organizations	調	Institutional trustee		l gg	suadu		(W-2/1099-MISC)		organi	
	below	tual tr	tional	١.	) ploye	stcon				and re	
	line)	Individ	Institu	Officer	Key en	Highest compensated employee	Former			J. gam.	ationio
(18) Betsy Friedman	0.40										
Director		X	<u> </u>		<u> </u>			0.	0.		0.
(19) Virgil Joseph	0.30										
Director		X	<u> </u>				ļ	0.	0.		0.
(20) Jenny Kellogg	0.10										
Director		X	<u> </u>				<u> </u>	0.	0.	<u></u>	0.
(21) Steve Morse	0.60	1				ĺ			_		
Director		X					<u> </u>	0.	0.		0.
(22) Anthony Piazza, Esq.	0.60							_	_		_
Treasurer		X		Х				0.	0.		0.
(23) Meera Sampath	0.50								_		_
Secretary		Х		Х				0.	0.		0.
(24) Steve Wershing	3.00										_
Chair		X		Х			<u> </u>	0.	0.		0.
(25) Katarzyna Murphy, Esq.	0.20					Ì			•		•
Director	0 00	X					<u> </u>	0.	0.		0.
(26) Darin Price	0.30								•		•
Director	l	X				ļ	Ļ	0.	0.		0.
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VI								120,459.	0.		081.
d Total (add lines 1b and 1c)								120,459.	0.		081.
2 Total number of individuals (including but n	ot ilmited to th	ose	liste	o ar	oove	e) wr	10 r	eceived more than \$100	,υυυ of reportable		1
compensation from the organization										Ye	
3 Did the organization list any former officer,	director, trusto	ee. k	ev e	mpl	love	e. Oi	r hic	nhest compensated emp	lovee on		-
line 1a? If "Yes," complete Schedule J for s			-	•	•		_		•	3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	Х
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	· ·							<b>3</b>		5	х
Section B. Independent Contractors				•							
1 Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	acto	ors t	that received more than	\$100,000 of compens	ation fron	<u></u> า
the organization. Report compensation for	the calendar y	ear e	endir	ng w	/ith (	or w	ithir	n the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	:				Description of s	ervices C	compensa	tion
							İ				
				·· ·· ··							· · · · · · · · · · · · · · · · · · ·
							_				
									İ		
							-				
O Tatalanasha (1)		_,						1 -1			
2 Total number of independent contractors (in	<del>-</del>	ot lir	nited	o to	tnos	se lis 1	stec	above) who received m	ore than		
\$100,000 of compensation from the organiz				+ -		<u>,                                     </u>	, 1 <sub>2</sub>			OO	0 (0040)
See Part VII, Section	I A CONT	. 1 T	ıua	にしユ	.or	1 8	śΠ¢	eets		Form <b>99</b> 6	J (2019)

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Form 990

16-0768758

Form 990 SChool									<u> 16-076</u>	8758
Part VII Section A. Officers, Directors	s, Trustees, Key E	mple	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos all			oly)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(27) Michael Reed Director	0.40	X						0.	0.	0
28) Judith Ricker	0.90									
Pirector		Х						0.	0.	0
29) Sidney Sobel, M.D.	0.20									
Director		Х						0.	0.	C
30) Rachel Stuckey	0.30							_	_	_
Director	40.00	X					_	0.	0.	C
(31) Dr. Margaret Quackenbush	40.00	-		$ \mathbf{x} $				120,459.	0.	3,081
President/Executive Direct				Δ				120,433.	<u>U•</u>	3,001
		1								
		-								
					- 1					
					_					
								:		
	+									
· · · · · · · · · · · · · · · · · · ·										
				}						
					i					
otal to Part VII, Section A, line 1c								120,459.		3,081
	*****************				*****					-,

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Part VIII Statement of Revenue

			Check if Schedule O	con	itains a r	esponse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats its	1	а	Federated campaigns			1a	9,008.				
Contributions, Gifts, Grants and Other Similar Amounts		b				1b					
S, G		С	Fundraising events			1c	5,086.				
a H			Related organizations			1d	,				
S, C			Government grants (cont			1e	22,500,				
r Si			All other contributions, gifts,		· · -						
the the			similar amounts not include	_		1f	1.042.364.				
<b>2</b> = 0		a	Noncash contributions included i		Г	1a \$	29 300.				
a S		_	Total. Add lines 1a-1f					1.078.958.			
							Business Code				
ĕ	2	а	Tuition and Registr	rati	on		611600	1,706,602,	1,706,602.		
Program Service Revenue		b									
Se		С									
am		d				-					
ogr R		е									
ፈ		f	All other program service	reve	enue						
			Total. Add lines 2a-2f					1,706,602.			
	3		Investment income (inclu							·	
			other similar amounts)				<b>&gt;</b>	71,314.			71.314.
	4		Income from investment								
	5		Royalties				<b>&gt;</b>				
						Real	(ii) Personal				
	6	а	Gross rents	6a	1 8	3.036	8,385.				
		b	Less: rental expenses	6b		0.	0.				
		С	Rental income or (loss)	6c	: 8	3,036.	8,385.				
		d	Net rental income or (loss	i)i			<b>&gt;</b>	91.421.	8,385.	2,517.	80,519.
ļ	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other		•		
			assets other than inventory	7a	1,24	6,799.					
		b	Less: cost or other basis			•					
Jue			and sales expenses	7b	1,22	1,478.					
Ve		С	Gain or (loss)	7c	2	5,321,					
Other Revenue			Net gain or (loss)					25,321,			25,321.
þe	8	а	Gross income from fundraisi	ng ev	vents (no	:					,
ō			including \$	5	<u>,086.</u> 0	of					
i			contributions reported on	line	1c). See	,					
			Part IV, line 18			<u>8a</u>	0.				
		b	Less: direct expenses			8b	0.				
		C	Net income or (loss) from	func	draising e	even <u>ts</u>	<b>&gt;</b>	0.	W-2000		
	9		Gross income from gamin	_							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	_	_	ities	<b>&gt;</b>				
	10		Gross sales of inventory,				[			İ	
			and allowances					·			
			Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·				
		С	Net income or (loss) from	sale	s of inve	ntory		100.	100.		
<b>S</b>							Business Code				
e g	11		Other Income				611600	24,861.	24,861.		
		b		-							
Miscellaneous Revenue		C	All alla au unus : :-				-			<u> </u>	
Ξ			All other revenue					0.4.000			
			Total Add lines 11a-11d					24,861.	4 500 015		4 = 4 = 1
	12		Total revenue. See instruction	1119				2,998,577.	1,739,948.	2,517.	177,154,

#### 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	234,517.	234,517.		1,4841-1
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,	444			
	trustees, and key employees	124,556.	74,734.	24,911.	24,911.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 550 000	1 460 641	010 060	06 405
7	Other salaries and wages	1,770,008.	1,462,641.	210,962.	96,405.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	67 100	E2 15C	13,968.	1 004
9	Other employee benefits	67,128.	52,156.		1,004.
10	Payroll taxes	171,142.	141,028.	19,925.	10,189.
11	Fees for services (nonemployees):				
	Management	275.		275.	
	Legal	16,985.		16,985.	
	Accounting Lobbying	10,363.		10,903.	
	Lobbying Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f	Investment management fees	26,669.	· · · · · · · · · · · · · · · · · · ·	26,669.	23,000.
	Other. (If line 11g amount exceeds 10% of line 25,	20,000.		20,000.	
У	column (A) amount, list line 11g expenses on Sch 0.)	59,328.	29,689.	24,639.	5,000.
12	Advertising and promotion	52,573.	188.	52,385.	3,000.
13	Office expenses	82,166.	4,169.	72,652.	5,345.
14	Information technology	4,721.	1,1031	4,721.	0,010.
15	Royalties	277220			
16	Occupancy	250,796.	209,246.	39,804.	1,746.
17	Travel			00,0020	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,160.	9,855.	4,305.	
20	Interest	1,587.	-,	1,587.	<del></del>
21	Payments to affiliates	_,			
22	Depreciation, depletion, and amortization	206,127.	170,625.	33,928.	1,574.
23	Insurance		•	•	<b>4</b>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bad Debt Expense	14,000.		14,000.	
b	Educational Supplies	10,912.	10,912.		
C	Recitals and Performanc	2,939.	2,939.		
d					
	All other expenses	47,952.	31,923.	9,531.	6,498.
25	Total functional expenses. Add lines 1 through 24e	3,183,541.	2,434,622.	571,247.	177,672.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
222010	01-20-20				Form <b>990</b> (2019)

Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			173,419.	1	416,508
2				125,460.	2	276,912
3				29,272.	3	89,710
4				40,288.	4	50,100
5						
	trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
ĺ	controlled entity or family member of any of these	perso	ns		5	
6	Loans and other receivables from other disqualified	d pers	sons (as defined			
	under section 4958(f)(1)), and persons described in	ı sect	ion 4958(c)(3)(B)		6	
g 7	Notes and loans receivable, net			7		
Assets 8 6	Inventories for sale or use			637.	8	637
⋖   9	Prepaid expenses and deferred charges			42,870.	9	33,483
10:	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D1	0a				
1	b Less: accumulated depreciation1	0b	4,971,835.	3,439,713.	10c	3,366,897
11	Investments - publicly traded securities			3,947,418.	11	3,966,267
12	Investments - other securities. See Part IV, line 11			12		
13	Investments - program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal I			7,799,077.	16	8,200,514
17	Accounts payable and accrued expenses			115,679.	17	147,931
18	Grants payable			18		
19	Deferred revenue	29,475.	19	22,461		
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete Par				21	
g 22	Loans and other payables to any current or former	office	r, director,			
	trustee, key employee, creator or founder, substan	tial co	ontributor, or 35%			
	controlled entity or family member of any of these p	perso	ns		22	
23	Secured mortgages and notes payable to unrelated	d thire	parties	47,500.	23	385,410
24	Unsecured notes and loans payable to unrelated the	nird pa	arties		24	
25	Other liabilities (including federal income tax, payat	oles to	related third			
	parties, and other liabilities not included on lines 17	<sup>7</sup> -24).	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			192,654.	26	555,802
م ا	Organizations that follow FASB ASC 958, check	here	► LX			
월	and complete lines 27, 28, 32, and 33.					
27 28 29 30 31 32	Net assets without donor restrictions			6,059,106.	27	5,875,905
28	Net assets with donor restrictions			1,547,317.	28	1,768,807
	Organizations that do not follow FASB ASC 958,	chec	k here 🕨 📖			
;	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equip			,	30	
31	Retained earnings, endowment, accumulated incor				31	
32	Total net assets or fund balances			7,606,423.	32	7,644,712
33	Total liabilities and net assets/fund balances	,,,,,	,	7,799,077.	33	8,200,514.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133?

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

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

**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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The David Hochstein Memorial Music School, Inc

Employer identification number 16-0768758

Pa	rt I	Reason for Public	Charity Status (	All organizations must c	omplete th	is part.) S	ee instructions.	
—— Гhe	ne 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 sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)		
3	同	A hospital or a cooperative					ii).	
4	一	A medical research organiz					•	the hospital's name.
•		city, and state:		,				, ,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental unit describ	ned in
5		section 170(b)(1)(A)(iv). (0		nogo or armyoroky owno	a or opora	tou by a g	o vormiorna, ann accom	304 II.
6		A federal, state, or local go		aantal unit dasarihad in	acation 1"	70/61/41/41	4.4	
6								nublic described in
7		An organization that norma		illiai part of its support	iioiii a gov	enninenia	unit of from the general	public described in
	$\Box$	section 170(b)(1)(A)(vi). (C		(4)/A)/vi) /Complete Der	+ 11 \			
8	H	A community trust describe				ad in aani	unation with a land arant	collogo
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the colleg	le oi
40	Х	university: An organization that norma	lly ropoison; (1) more	than 22 1/20/ of its our	anart from	contributi	ann mamharahin fasa s	and gross receipts from
10		<del>-</del>	•					
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ined by the organization	arter durie 30, 1973.
44		See section 509(a)(2). (Col	•	ivaly to tost for public so	ofatu Saa	naation E(	20(0)(4)	
11 12		An organization organized a						nurnases of one or
12		An organization organized a more publicly supported or						
		lines 12a through 12d that	-					Drieck the box in
_		Type I. A supporting orga						, aivina
а	_	the supported organization						
		organization. You must o			a majority (	or the une	ctors or trustees or the s	supporting
h		Type II. A supporting org	•		tion with it	e eunnorti	ed organization(s), by ha	wing
U	ь	control or management o						
		organization(s). You mus			ante perse	nis triat oc	Antior of manage the sup	ported
_		Type III functionally inte	•		in connec	tion with	and functionally integrate	ed with
C	_	its supported organization						od with,
d	[	Type III non-functionally		•	•	-	· ·	ization(s)
u		that is not functionally int					• • • • • • •	
		requirement (see instruct	•		-			14011000
е		Check this box if the orga						
C	<u> </u>	functionally integrated, or					, rypo i, rypo ii, rypo iii	
f	Ente	r the number of supported of		nany intogrator cupport	ing organi	20110111		
		ide the following information	-	d organization(s)				
_ 5		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2019 School, Inc

16-0768758 Page 2

P	art II Support Schedule for						
	(Complete only if you checket fails to qualify under the test				on failed to qualify	y under Part III. If th	e organization
Se	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2011	(4) 2010	(6) 2010	(1) . G.c
	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					İ	
	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.		<u></u>				
Se	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	1			· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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					4	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		**				
	Gross receipts from related activities,						
13	First five years. If the Form 990 is for	-			-		. $\Box$
Se	organization, check this box and stor ction C. Computation of Publ	here ic Support Pe	rcentage	······			<b>&gt;</b>
14	Public support percentage for 2019 (l	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	າ			▶□
b	33 1/3% support test - 2018. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check ti	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - <b>2019.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		<b>&gt;</b> □
b	10% -facts-and-circumstances tes	t - <b>2018.</b> If the org	anization 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 th	o "facte-and-circu	imetancee" test in	hack this hav and	stop hore Evola	in in Part VI how the	2

Schedule A (Form 990 or 990-EZ) 2019

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2019 School, Inc

#### 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

50	qualify under the tests listed bection A. Public Support	elow, please comp	olete Part II.)				
		(-) 001F	#-> 001C	(-) 0017	(-D-0010	(-) 0010	(f) Total
	indar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and		!				
	membership fees received. (Do not	760 225	026 051	000 425	042 260	1078958.	4449029.
_	include any "unusual grants.")	768,323.	836,051.	844,435.	943,∠60.	10/0950.	4449029.
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	1859386.	1781157.	1809591.	1876537.	1706702.	9033373.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	27,640.	25,295.	4,777.	22,766.		80,478.
4	Tax revenues levied for the organ-	•	_				
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2655351.	2642503.	2636803.	2842563.	2785660.	13562880.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b			·			13562880.
	Public support. (Subtract line 7c from line 6.) [ partion B. Total Support						13302000.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	2655351.	2642503.	2636803.	2842563.	2785660.	13562880.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,		179,760.				
<b>L</b>	and income from similar sources Unrelated business taxable income	401,192.	119,100.	193,330.	220,092.	100,210.	930,000.
D	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	ſ	201,792.	179,760.	193,338.	220,892.	160 210	956,000.
	Add lines 10a and 10b	201,792.	179,700.	193,330.	220,692.	100,210.	930,000.
12	Other income. Do not include gain or loss from the sale of capital					_	
	assets (Explain in Part VI.)	11,778.	9,033.	9,810.	11,011.	24,861.	<u>66,493.</u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	2868921.	2831296.	2839951.	3074466.	2970739.	<u>14585373.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u>
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	92.99 <u>%</u>
<u>16</u>	6 Public support percentage from 2018 Schedule A, Part III, line 15						
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	6.55 <u>%</u>
18	Investment income percentage from 2	2018 Schedule A, I	Part III, line 17			18	<u>6.98 %</u>
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 $1/3\%$ , check this box ar	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	►X
b	33 1/3% support tests - 2018. If the	-					
	line 18 is not more than 33 $1/3\%$ , che			· ·		=	
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### Schedule A (Form 990 or 990-EZ) 2019 School, Inc

Part IV Supporting Organizations

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

Sec	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)  stion A. All Supporting Organizations			
000	nion A. An oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	
	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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		
С	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.	3c	ļ	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		.	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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		
С	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,"	Ì		
	answer (b) and (c) 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		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Sa		
U	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		ļ	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in 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		
С	Did a disqualified person (as defined in 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.	9c		
10a	·			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a	L	

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

determine whether the organization had excess business holdings.)

a 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.

- b Did the activities described in (a) 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.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b За

Schedule A (Form 990 or 990-EZ) 2019

Sche	edule A (Form 990 or 990-EZ) 2019 School, Inc			16-0768758 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on f	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	•	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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	ly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

	rt V Type III Non-Functionally Integrated 509	)(a)(2) Supporting Ora		.6-0768758_Page 7
ш	- Jpo in troit i anionoliany intogration occ	(a)(a) Supporting Org	anizations (continued)	Comment Veer
	ion D - Distributions	want nurnage		Current Year
_12	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exem			
2	organizations, in excess of income from activity	pr purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	20	
4	Amounts paid to acquire exempt use assets	es of supported organization	10	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
<del></del> -8	Distributions to attentive supported organizations to which ti	he organization is responsive	e	
Ŭ	(provide details in Part VI). See instructions.	no organization to respondit	•	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	14		
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015	"		
	Excess from 2016			
	Excess from 2017		The state of the s	1.1.1.1.111 <del>7.7</del>
	Excess from 2018		1. 4 (4 ( 1 ) 4 - 7) *** *** *** *** *** *** *** *** ***	
	Excess from 2019	<u> </u>		10741

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 School, Inc	16-0768758 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section C, Section B, line 1e; Part V,
Schedule A, Part III, Line 12, Explanation for Other Income:	
Other Income	
<del></del>	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The David Hochstein Memorial Music School, Inc

Employer identification number 16-0768758

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(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 advi	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied 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						
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year			
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	•				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the			
	organization's accounting for conservation easements.		NIL O' 'I - A I -			
Pai	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	otner Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub	· ·	•			
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · · · · · · · · ·				
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treatment		al gain, provide			
	the following amounts required to be reported under FASB A	<b>~</b>				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		<b>&gt;</b> \$			

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Schedule D (Form 990) 2019

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

•		. The Dav	rid Hochste	in Memoria	ıl Musi	C					
Sche	dule	D (Form 990) 2019 School,	Inc				1	6-07	6875	8 P	age <b>2</b>
Pa	rt III	Organizations Maintaining C	Collections of A	rt, Historical Tr	easures,	or Oth	er Simila	r Asse	ts(cont	inued)	
3	Usir	g the organization's acquisition, access									
	colle	ection items (check all that apply):									
а		Public exhibition	d	Loan or exc	hange progr	am					
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Prov	ride a description of the organization's c	ollections and explain	n how they further t	he organizat	ion's exe	empt purpos	se in Par	t XIII.		
5		ng the year, did the organization solicit o	•		_						
		e sold to raise funds rather than to be m						$\square$	Yes		No
Pa	rt IV									r	
		reported an amount on Form 990, Pa	rt X, line 21.	_							
1a	ls th	e organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other as	sets no	t included				
		orm 990, Part X?		· ·					Yes		No
b		es," explain the arrangement in Part XIII									
									Amour	nt	
С	Begi	nning balance					1c				
d	Add	itions during the year					1d				
е		ibutions during the year									
f		ng balance									
2a		he organization include an amount on F							Yes		No
b		es," explain the arrangement in Part XIII.					-				
Pai	τV	Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Par	t IV, line	10.				
			(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three ye	ars back	<b>(e)</b> Fou	r years	back
1a	Begi	nning of year balance	3,947,418,	3,849,105.	1,27	8.411.	1,26	8,411.	1	257	411.
b	Con	tributions	75,149,	30,040.	•	8,467.	1	0,000.		11	000.
С		nvestment earnings, gains, and losses	318.813.	322,134,	15	4,271.	14	2,918.		8_	794.
d		its or scholarships	-	•							
е		r expenditures for facilities									
		programs	274,295.	227,520.	14	5,007.	13	5.751.			699.
f	Adm	inistrative expenses	26,669.	26.341.		9 264.		7,167.		8	095.
g		of year balance	4,040,416.	3.947.418.	1,28	6,878.		8.411.	1	.268	411.
2	Prov	ide the estimated percentage of the curi		e (line 1g, column (a	)) held as:						
а	Boar	d designated or quasi-endowment	65.55	%							
b		nanent endowment > 34.45	%	_							
c		· · · · · · · · · · · · · · · · · · ·	<del></del> %								
	The	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are t	here endowment funds not in the posse	ession of the organiza	ition that are held a	nd administe	ered for t	he organiza	tion			
	by:									Yes	No
	(i) l	Unrelated organizations			******				3a(i)		Х
		Related organizations							3a(ii)		Х
b		es" on line 3a(ii), are the related organiza									
4		ribe in Part XIII the intended uses of the									
Par		Land, Buildings, and Equipm									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	), Part X	, line 10.				
		Description of property	(a) Cost or ot				ccumulated		(d) Boo	k valu	е
			basis (investm		4		preciation				
1a	Lanc	l		49	5,662.				49	5,6	62.
		lings			4,979.	3,	755,69	3.	2,56		
		ehold improvements									

Schedule D (Form 990) 2019

108,511.

193,438. 3,366,897.

d Equipment

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

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

Schedule D (Form 990) 2019

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2019 School, Inc				0768758	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per R	eturn	l <b>.</b>	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,221,	<u>,830.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		223,253.			
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,253.</u>
3	Subtract line 2e from line 1			3	2,998,	,577.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	f 1				
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,998,	,577.
Pal	t XII Reconciliation of Expenses per Audited Financial State		Expenses per	Ketui	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			····· · · ·	2 100	F 44
1	Total expenses and losses per audited financial statements			1	3,183,	<u> 541.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments				*	
С	Other losses					
d	Other (Describe in Part XIII.)	2d				•
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	3,183,	541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,183,	<u>541.</u>
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b ar	nd 2b; Part V, line 4	1; Part )	X, line 2; Part ኦ	KI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional informa	ation.			
Par	t V, line 4:					
<u>The</u>	endowment fund is to support the currer	<u>it operat</u>	<u>ing budge</u>	<u>t of</u>	Hochst	<u>ein</u>
by	releasing a sustainable supplemental flo	ow of inc	ome and a	ppre	<u>ciation</u>	ı to
be	used for the general purposes of the Sch	<u>1001, to </u>	<u>provide f</u>	or t	the long	<u> </u>
			_		_	
ter	m growth of the principal of the investe	<u>ed funds,</u>	and to p	<u>rovi</u>	lde a	
res	erve of last resort for the School.					
		1				
		-				
Par	t V, line 1a:					
Due	Due to the addition of established quasi-endowment funds, the beginning					
ba1	palance in the prior year does not match the two years back ending					
<u>ba1</u>	ance.					

Schedule D (Form 990) 2019 School, Inc	16-0768758 Page 5
Schedule D (Form 990) 2019 School, Inc Part XIII Supplemental Information (continued)	
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Schedule D (Form 990) 2019

#### SCHEDULE G

(Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number The David Hochstein Memorial Music School, Inc 16-0768758 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of government grants X Internet and email solicitations X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes Empreinte Consulting, LLC -Consulting on event 2401 Monroe Avenue planning & contribution 25,000 159,775. 184,775 184,775 159,775. 25 000 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NY

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 School, Inc 16-0768758 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ..... Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor ..... No 7 Direct expense summary. Add lines 2 through 5 in column (d) ..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

#### The David Hochstein Memorial Music Schedule G (Form 990 or 990-EZ) 2019 School, Inc 16-0768758 Page 3 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \_\_\_\_\_ Yes No b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information: Name > Gaming manager compensation > \$ Description of services provided \_\_\_\_\_\_\_\_\_ Employee Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers: (i) Name of Fundraiser: Empreinte Consulting, LLC (i) Address of Fundraiser: 2401 Monroe Avenue, Rochester, NY 14618 (ii) Activity: Consulting on event planning & contribution solicitation.

Schedule G (Form 990 or 990 FZ) School The	scein Memoriai Music	16-0768758 Page 4
Schedule G (Form 990 or 990-EZ) School, Inc  Part IV Supplemental Information (continued)		10 0700730 Tage 4
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## **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization Time David Hochstein Memorial School, Inc	la hochstel Inc	n Memorial	Music				Employer identification number 16-0768758
Part I General Information on Grants and Assistance	nd Assistance						
Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	o substantiate the tance?	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Vec
》	cedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Dart II can be disalicated if additional containing in another.	Jomestic Organi	zations and Domesti	ic Governments. C	Somplete if the orga	anization answered "\	l Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nd government or		isted in the line 1 table				
	listed in the line 1	table					<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III

16-0768758

Page 2

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.

(f) Description of noncash assistance Reduced or free tuition. (e) Method of valuation (book, FMV, appraisal, other) and sliding fee scales established by the School's administration; requests for assistance beyond the established guidelines are reviewed by the Dean in Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. our programs are made on the basis of required documentation, guidelines 0.Tuition Rates Tuition assistance awards to individuals and families who participate of Students, who makes final decisions, unless additional review is (d) Amount of non-cash assistance 234,517, (c) Amount of cash grant requested from the President & Executive Director. 1552 (b) Number of recipients (a) Type of grant or assistance ري د. Line Tuition assistance Part I,

Schedule I (Form 990) (2019)

#### SCHEDULE M (Form 990)

#### Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

School, Inc

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

The David Hochstein Memorial Music

Open to Public Inspection **Employer identification number** 

Schedule M (Form 990) 2019

16-0768758 Part I Types of Property (a) (b) (d) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests ..... 3 Books and publications ..... 4 Clothing and household goods 5 Cars and other vehicles ..... 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities · Partnership, LLC, or trust interests Securities · Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles ..... 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens ..... Archeological artifacts 24 ( <u>Musical Instr</u>) 18 25 Other -X 20,699.Opinions of experts 26 Other (Other Х 1 4,000.Fair Market Value (Furniture X 27 Other > 64 1,880.Fair Market Value (Educational S) X 28 1,741.Fair Market Value Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 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 exempt purposes for the entire holding period? 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked. describe in Part II LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932142 09-27-19

Schedule M (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

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

The David Hochstein Memorial Music

Open to Public

Employer identification number 16-0768758

OMB No. 1545-0047

Inspection

Name of the organization School, Inc.

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 2019-2020 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 annual budget process prepared by the Finance Committee and offered to the full Board for their approval. Following the budget approval, the Executive Committee of the Board considers the performance evaluation of the

President & Executive Director and makes the final determination of any LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization The David Hochstein Memorial Music School, Inc	Employer identification number 16-0768758
compensation increase specific to this position, including	g consideration of
appropriate benchmarks.	
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.
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