Check if applicable:

Address change

Name change

Initial return

]Final return/

termin-ated

Applica-

pending

Activities & Governance

Revenue

Expenses

Assets or Balances

Ĕ

11

Part I | Summary

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

| Departr  | nent o | f the | Treas  | ury |
|----------|--------|-------|--------|-----|
| Internal | Rever  | nie S | ervice | •   |

C Name of organization

Doing business as

Form of organization: X Corporation

20 Total assets (Part X, line 16)

Part II | Signature Block

21 Total liabilities (Part X, line 26)

School, Inc

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending JUN 30, 2021 For the 2020 calendar year, or tax year beginning JUL 1, 2020 D Employer identification number The David Hochstein Memorial Music The Hochstein School 16-0768758 E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) <u>585-454-4596</u> 50 North Plymouth Avenue G Gross receipts \$ 4,057,93<u>6.</u> City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return Rochester, NY 14614 \_\_Yes LX No F Name and address of principal officer: Margaret Quackenbush for subordinates? ..... L H(b) Are all subordinates included? Yes No same as C above 527 If "No," attach a list. See instructions 4947(a)(1) or ) ◀ (insert no.) Tax-exempt status: X 501(c)(3) 501(c) ( H(c) Group exemption number J Website: ▶ www.hochstein.org L Year of formation: 1920 M State of legal domicile: NY Association Other > Briefly describe the organization's mission or most significant activities: Provide music and dance education to nurture & encourage personal achievement. if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 156 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 70 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 1,078,958. 1,798,310. Contributions and grants (Part VIII, line 1h) 1,706,602. 1,348,543. Program service revenue (Part VIII, line 2g) 190,521. 96,635. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 76,865. 116,382. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,998,577. 3,414,239. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 174,795. 234,517 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 911,578. 2,132,834. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 0. 25,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) > 157,165. 791,190. 781,553. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,183,541 2.867.926**.** 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 546,313. -184,964Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 9,808,3<u>33</u>. 8,200,514. 645,592. 555,802 162,741. 644,712. Net assets or fund balances. Subtract line 21 from line 20 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

|              | ities of porjuly, I decide that I have examined the return  |  | •                            |
|--------------|---|--|------------------------------|
| true, correc | t, and complete. Declaration of preparer (other than office | er) is based on all information of which preparer has an | y knowledge.                 |
|              | Number Gracken  | ruh  | 11/2/2021                    |
| Sign         | Signature of officer  |  | Date (                       |
| Here         | Margaret Quackenbush,                                       | President/Exec. Dir.                                     |                              |
|              | Type or print name and title                                |  |                              |
|              | Print/Type preparer's name                                  | Preparer's signature Date                                | Check PTIN                   |
| Paid         | Stephanie Annunziata  | Stephanie Annunziata 11/0                                | 1/21 self-employed P00195472 |
| Preparer     | Firm's name Heveron & Compan                                |  | Firm's EIN > 27-1895149      |
|              | Firm's address 260 Plymouth Ave                             | nue South  |                              |
| ••••         | Rochester, NY 14  |  | Phone no. 585 - 232 - 2956   |
| May tha II   | OS discuss this return with the preparer shown abo          |  | X Yes No                     |

| 4d | Other program services (Describ | be on | Schedule | O.) |
|----|---------------------------------|-------|----------|-----|
|    |                                 |       |          |     |

(Expenses \$ including grants of

) (Revenue \$

2,202,983.

Form **990** (2020)

Total program service expenses

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)?  |     |     |              |
|     | If "Yes," complete Schedule A  | _1_ | X   |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Х   |              |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |              |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | <u>X</u>     |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |     | 77           |
|     | 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   | _   |     | v            |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5_  |     | <u> </u>     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | _   |     | v            |
|     | 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,  | _   |     | v            |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | _ <u>X</u> _ |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     | х            |
| _   | Schedule D, Part III   | 8   |     |              |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |     |              |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  | 9   |     | х            |
| 40  | If "Yes," complete Schedule D, Part IV   | 9   |     |              |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10  | X   |              |
|     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   | 10_ |     | <del></del>  |
| 11  | as applicable.   |     |     |              |
| _   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |     |              |
| а   | Part VI  | 11a | х   |              |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 114 |     |              |
| D   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | X_           |
| _   | 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 |     | Х            |
| А   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |     |     |              |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X            |
| 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  |     |     |              |
|     | 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  |     |     |              |
|     | Schedule D, Parts XI and XII   | 12a | X   |              |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |              |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | _X_          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | <u> </u>     |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | _X_          |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |     |              |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |     |              |
|     | 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  |     |     | . <u></u>    |
|     | 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  |     | <u> X</u>    |
| 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  | X   |              |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     | ,.  |              |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | X   |              |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     | 77           |
|     | complete Schedule G, Part III  | 19  |     | X            |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | <u> </u>     |
| 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  |     |     | v            |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | <u> </u>     |

| 1        | The David Rochstein Memorial Music  | 7 - 0 | _         |          |
|----------|---|-------|-----------|----------|
|          | 990 (2020) School, Inc 16-0768  | 758   | P         | age 4    |
| Pai      | rt IV Checklist of Required Schedules (continued)   |       | T         |          |
|          |   |       | 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    | <u> X</u> | <u> </u> |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current          |       |           |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                      |       |           |          |
|          | Schedule J  | 23    |           | X        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the             |       |           | 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        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                   | 24b   |           | L        |
|          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                |       |           |          |
|          | any tax-exempt bonds?   | 24c   |           |          |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                             | 24d   |           | L        |
|          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                        |       |           |          |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                       | 25a   |           | X        |
| h        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and          |       |           |          |
| IJ       | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete               |       |           |          |
|          |   | 25b   |           | Х        |
| ^^       | Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current |       |           |          |
| 26       |   | ļ     |           |          |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                             | 26    |           | x        |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                  | 20    |           |          |
| 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         |       |           | v        |
|          | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III            | 27    |           | X        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                   |       |           |          |
|          | instructions, for applicable filing thresholds, conditions, and exceptions):  |       |           |          |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                    |       |           |          |
|          | "Yes," complete Schedule L, Part IV   | 28a   |           | X        |
|          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                     | 28b   |           | X        |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                           |       |           |          |
|          | "Yes," complete Schedule L, Part IV   | 28c   |           | X        |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                            | 29    | X         | <u> </u> |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation         |       |           |          |
|          | contributions? If "Yes," complete Schedule M  | 30    |           | X        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                  | 31    |           | X        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                    |       |           |          |
|          | Schedule N, Part II   | 32    |           | X        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                          |       |           | 1        |
|          | 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    |           | X        |
| 25.0     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |           | X        |
|          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity           | 1000  |           |          |
| D        |   | 35b   |           |          |
| 00       | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 300   | <b></b>   | T        |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?          | 36    |           | х        |
|          | If "Yes," complete Schedule R, Part V, line 2   | 30    |           |          |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                    | 07    |           | v        |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                        | 37    | <b> </b>  | X        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                      | 000   |           |          |
| <u>n</u> | Note: All Form 990 filers are required to complete Schedule O   | 38    | X         |          |
| ra       | rt V Statements Regarding Other IRS Filings and Tax Compliance  |       |           |          |

|      | Check if Schedule O contains a response or note to any line in this Part V   |    |    |      |              | ш.     |  |  |
|------|--|----|----|------|--------------|--------|--|--|
|      |  |    | -  |      | Yes          | No     |  |  |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       | 1a | 13 | 4    |              |        |  |  |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                    | 1b | 0  | 4    |              |        |  |  |
| c    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming |    |    |      |              |        |  |  |
|      | (gambling) winnings to prize winners?  |    |    | 1c   | X            |        |  |  |
| 2004 | 12-23-20   |    |    | Form | 1 <b>990</b> | (2020) |  |  |

032004 12-23-20

16-0768758 Page 5 School Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 156 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? <u>3</u>b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Х 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 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 X 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans X Did the organization receive any payments for indoor tanning services during the tax year? 14a b 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

15

16

X

X

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes." see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

School, Inc

16-0768758

Form 990 (2020) 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        |                  | 28      |         |         |            |
|                | If there are material differences in voting rights among members of the governing body, or if the governing  |           |                  |         |         |         |            |
|                | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |           |                  |         | l       |         |            |
| b              | Enter the number of voting members included on line 1a, above, who are independent   | 1b_       |                  | _28     | ĺ       | İ       |            |
| 2              | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | p with    | any other        |         |         | 1       |            |
| _              | officer, director, trustee, or key employee?   |           |                  |         | 2       |         | _X_        |
| 3              | Did the organization delegate control over management duties customarily performed by or under the   |           |                  | Ì       |         |         |            |
| •              | of officers, directors, trustees, or key employees to a management company or other person?  |           |                  |         | 3       |         | <u>X</u>   |
| 4              | Did the organization make any significant changes to its governing documents since the prior Form  | 990 wa    | s filed?         |         | 4       |         | <u>X</u>   |
| 5              | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?     |                  |         | 5       |         | <u>X</u>   |
| 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 a  | ppoint    | one or           |         |         |         |            |
| ra             | more members of the governing body?  |           |                  |         | 7a      |         | <b>X</b> _ |
| h              | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |           |                  |         |         |         |            |
| D              | persons other than the governing body?   |           |                  |         | 7b      |         | X          |
|                | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |           |                  | ·····   |         |         |            |
| 8              | The governing body?  |           |                  |         | 8a      | x       |            |
| a              | Each committee with authority to act on behalf of the governing body?  |           |                  |         | 8b      | Х       |            |
| b              | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |           |                  |         |         | -       |            |
| 9              | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |           |                  |         | 9       |         | X          |
| 200            | tion B. Policies (This Section B requests information about policies not required by the Internal R  |           |                  |         |         |         |            |
| <del>566</del> | HOT B. I Offices (This decition b requests information about pointing for required by the internal   |           |                  |         |         | Yes     | No         |
| 40-            | Did the organization have local chapters, branches, or affiliates?   |           |                  |         | 10a     |         | X          |
| IVa<br>L       | If "Yes," did the organization have written policies and procedures governing the activities of such c   | hapter    | s. affiliates.   |         |         |         |            |
| Ð              | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           | -,               |         | 10b     |         |            |
| 444            | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   | lv befo   | re filing the fo | rm?     | 11a     | х       |            |
| 11a            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | ,         | J                |         |         |         |            |
| b              | Did the organization have a written conflict of interest policy? If "No," go to line 13  |           |                  |         | 12a     | х       |            |
| 12a            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to con  | flicts?          |         | 12b     | Х       |            |
| b              | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "   | res." d   | escribe          |         |         |         |            |
| С              | in Schedule O how this was done  |           |                  |         | 12c     | X       |            |
| 40             | Did the organization have a written whistleblower policy?  |           |                  |         | 13      | Х       |            |
| 13             | Did the organization have a written document retention and destruction policy?   |           |                  |         | 14      | Х       |            |
| 14             | Did the process for determining compensation of the following persons include a review and approve   |           |                  |         |         |         |            |
| 15             | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |                  |         |         |         |            |
|                | The organization's CEO, Executive Director, or top management official   |           |                  |         | 15a     | X       |            |
| a              | Other officers or key employees of the organization  |           |                  |         | 15b     |         | X          |
| b              | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |           |                  |         |         |         |            |
| 40             | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment v    | vith a           |         |         |         |            |
| 16a            |  |           |                  |         | 16a     |         | X          |
|                | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the evaluation of the organization of the evaluation of the evaluation of the organization of the evaluation of the evalua | ate ite i | narticination    |         | 104     |         |            |
| b              | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization   |           |                  |         |         |         |            |
|                |  |           |                  |         | 16b     |         |            |
| 800            | exempt status with respect to such arrangements?   | ,         |                  |         |         |         | <u></u>    |
|                | List the states with which a copy of this Form 990 is required to be filed ►NY   |           | ***              |         |         |         |            |
| 17             | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | and 99    | 0-T (Section 5   | 01(c)(3 | s only  | ) avail | able       |
| 18             | for public inspection. Indicate how you made these available. Check all that apply.  |           | ,                | · /·    | . ,     |         |            |
|                | Own website X Another's website X Upon request Other (explain  | n on Se   | chedule (1)      |         |         |         |            |
| 40             | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or  |           |                  | icy. an | d finai | ncial   |            |
| 19             | statements available to the public during the tax year.  |           |                  | J       |         |         |            |
| 00             | State the name, address, and telephone number of the person who possesses the organization's b   | ooks a    | nd records       |         |         |         |            |
| 20             | Margaret Quackenbush - 585-454-4596  | u         |                  |         |         |         |            |
|                | 50 North Plymouth Avenue, Rochester, NY 14614  |           |                  |         | •       |         |            |

032006 12-23-20

Form **990** (2020)

#### Form 990 (2020) 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

#### 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)                          | (B)           |                                |                       | (C               | 2)             |                              |             | (D)             | (E)             | (F)                    |
|------------------------------|---------------|--------------------------------|-----------------------|------------------|----------------|------------------------------|-------------|-----------------|-----------------|------------------------|
| Name and title               | Average       |                                |                       | Posi             | ition          |                              |             | Reportable      | Reportable      | Estimated              |
| Name and the                 | hours per     | (do                            | not cl                | heck i<br>ss pei | more<br>rson i | than<br>is bot               | one<br>h an | compensation    | compensation    | amount of              |
|                              | week          | offic                          | er an                 | d a di           | recto          | r/trus                       | tee)        | from            | from related    | other                  |
|                              | (list any     | ctor                           |                       |                  |                |                              |             | the             | organizations   | compensation           |
|                              | hours for     | r dire                         |                       | ļ                |                | jeg<br>jeg                   |             | organization    | (W-2/1099-MISC) | from the               |
|                              | related       | tee o                          | ustee                 |                  |                | esua                         |             | (W-2/1099-MISC) |                 | organization           |
|                              | organizations | al trus                        | nal tr                |                  | loyee          | comp                         |             |                 |                 | and related            |
|                              | below         | Individual trustee or director | Institutional trustee | Officer          | Key employee   | Highest compensated employee | Former      |                 |                 | organizations          |
|                              | line)         | Pu                             | <u>=</u>              | ₩.               | Key            | 돌                            | 휸           |                 |                 |                        |
| (1) Dr. Margaret Quackenbush | 40.00         |                                |                       | !                |                |                              |             | 100 107         | 0.              | 3,525.                 |
| President/Executive Direct   |               |                                |                       | X                |                |                              | _           | 123,187.        | 0.              | 3,343.                 |
| (2) C. Allan Reeve, Esq.     | 0.50          |                                |                       |                  |                |                              | 1           |                 |                 | 0.                     |
| Director                     |               | X                              | _                     |                  |                | <u> </u>                     | <u> </u>    | 0.              | 0.              |                        |
| (3) Mark Fiorini             | 0.20          |                                |                       | ļ                |                |                              |             |                 | 0.              | 0.                     |
| Director                     |               | X                              |                       |                  |                | ļ .                          | _           | 0.              | 0.              |                        |
| (4) Katherine Schumacher     | 0.50          |                                |                       |                  | 1              | •                            |             | 0.              | 0.              | 0.                     |
| Director                     |               | X                              | <u> </u>              |                  |                | <u> </u>                     | -           | <u> </u>        | 0.              |                        |
| (5) Mimi Hwang               | 0.30          |                                |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.10          | X                              |                       | -                | <u> </u>       | -                            | $\vdash$    | <u> </u>        | 0.              |                        |
| (6) Charles Pulire           | 0.10          | ٠,                             |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 1 50          | X                              | H                     | ╁                |                | ╁                            | ┼─          | <u> </u>        | 0.              |                        |
| (7) Margaret Rachfal         | 1.50          | ٠,                             |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.50          | X                              | $\vdash$              | ├                | ├              | ┼                            | ┼┈          | <u> </u>        | 0.              |                        |
| (8) Nancy Reale              | 0.50          | X                              |                       | x                |                |                              |             | 0.              | 0.              | 0.                     |
| Vice Chair                   | 0.30          | ^                              | -                     | ^                |                | ╁                            |             | 0.              |                 |                        |
| (9) Jeffrey Wright           | 0.30          | X                              |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.20          | ^                              |                       | $\vdash$         | -              | -                            | +           |                 |                 |                        |
| (10) Christopher Shea        | 0.20          | x                              |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.40          | ┷                              | ╁                     | -                | <u> </u>       | ╁                            | +-          |                 |                 |                        |
| (11) Mary Steblein           | 0.40          | x                              |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 1 50          | ┷                              | ┼                     |                  | ╁              | ╁                            | ╁           | <u></u>         |                 |                        |
| (12) Jennifer Stenzel        | 1.50          | x                              |                       | x                |                |                              | 1           | 0.              | 0.              | 0.                     |
| Chair                        | 0 30          | _                              | ╁                     | <u> </u>         | ╁              | ╁                            | ┼┈          | <u> </u>        |                 |                        |
| (13) Kathleen Suher, Esq.    | 0.20          | $ _{\mathbf{X}}$               |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.30          |                                | $\vdash$              | +                | ╁╴             | ╁                            | +           | <u> </u>        |                 |                        |
| (14) Elizabeth Rice          | 0.30          | X                              |                       |                  |                |                              |             | 0.              | 0.              | 0.                     |
| Director                     | 0.50          | _                              | +-                    | +-               | t              | ╁╴                           |             |                 |                 |                        |
| (15) Betsy Friedman          | 0.50          | x                              |                       |                  |                |                              |             | 0.              | . 0.            | 0.                     |
| Director                     | 0.60          |                                | +                     | ╁                | +-             | +                            | +           |                 |                 |                        |
| (16) Virgil Joseph           | 0.00          | $ _{\mathbf{x}}$               |                       |                  |                |                              |             | 0.              | . 0.            | 0.                     |
| Director                     | 0.40          |                                | T                     | +                | 1              | +                            | T           |                 |                 |                        |
| (17) Steven Morse            | 0.40          | x                              |                       |                  |                |                              |             | 0               | . 0.            | 0.                     |
| Director                     |               | 143                            | <del></del>           |                  |                |                              |             |                 |                 | Form <b>990</b> (2020) |

032007 12-23-20

| Part VII Section A. Officers, Directors, T (A)   | (B)                 | picy  | ees                   | <u>, and</u><br>(C |              | gne                          | si C         | (D)                    | (E)                  | ľ        | (F)                   |          |
|--|---------------------|---|-----------------------|--------------------|--------------|------------------------------|--------------|------------------------|----------------------|----------|-----------------------|----------|
| Name and title   | , , ,               | Average Position  |                       |                    |              |                              |              | Reportable             | Reportable           | E        | stimate               | ed       |
| Name and the   | hours per           | (do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |                    |              |                              |              | compensation           | compensation         |          | mount                 |          |
|  | week                | -   | cer an                | d a d              | irecto       | or/trus                      | tee)         | from                   | from related         |          | other                 |          |
|  | (list any           | Individual trustee or director  |                       |                    |              |                              |              | the                    | organizations        |          | npensa                |          |
|  | hours for related   | or di   | 8                     |                    |              | sated                        |              | organization           | (W-2/1099-MISC)      | i        | rom the<br>ganizat    |          |
|  | organizations       | rustee  | 1 trust               |                    | <br>  83     | ubeu:                        |              | (W-2/1099-MISC)        |                      |          | garrizat<br>nd relati |          |
|  | below               | dualt   | Institutional trustee |                    | Key employee | st co                        | <br>  =      |                        |                      | 1        | anizati               |          |
|  | line)               | Indivi  | Institu               | Officer            | Key er       | Highest compensated employee | 윤            |                        |                      |          |                       |          |
| (18) Anthony Piazza, Esq.  | 0.60                |   |                       |                    |              |                              |              | 0                      | 0                    |          |                       | ^        |
| Treasurer  | 0.40                | X   |                       | Х                  |              | <u> </u>                     | _            | 0.                     | 0.                   |          |                       | 0.       |
| (19) Meera Sampath   | 0.40                |   |                       |                    |              |                              | ĺ            |                        | 0                    |          |                       | ^        |
| Secretary  | 0.00                | X   | _                     | Х                  |              | -                            |              | 0.                     | 0.                   |          |                       | 0.       |
| (20) Steve Wershing  | 0.80                |   |                       |                    |              |                              |              |                        | 0                    | j        |                       | ^        |
| Director   | 0.00                | X   |                       |                    |              |                              |              | 0.                     | 0.                   | -        |                       | 0.       |
| (21) Katarzyna Murphy, Esq.  | 0.20                | ٠,,   |                       |                    |              |                              |              | 0                      | 0                    |          |                       | 0        |
| Director   |                     | X   |                       |                    |              |                              |              | 0.                     | 0.                   | <u> </u> |                       | 0.       |
| (22) Darin Price   | 0.20                | ٠,,   |                       |                    |              |                              |              | o.                     | 0.                   |          |                       | Λ        |
| Director   | 0.20                | X   |                       |                    |              |                              |              | 0.                     | 0.                   |          |                       | 0.       |
| (23) Michael Reed  | 0.30                | X   |                       |                    |              |                              |              | o.                     | 0.                   |          |                       | 0.       |
| Director   | 1 20                | X   | -                     |                    |              | <u> </u>                     | <u> </u>     | <b>U</b> •             | <u> </u>             |          |                       | <u> </u> |
| (24) Judith Ricker   | 1.30                | X   |                       |                    |              |                              |              | o.                     | 0.                   |          |                       | 0.       |
| Director   | 0.10                | ^   |                       |                    |              |                              | <del> </del> | 0.                     | U•                   |          |                       |          |
| (25) Sidney Sobel, M.D.  | 0.10                | X   |                       |                    |              |                              |              | o.                     | 0.                   |          |                       | 0.       |
| Director   | 0.50                | ^   |                       |                    |              | <del> </del>                 |              | 0.                     | <u> </u>             |          |                       | <u> </u> |
| (26) Rachel Stuckey  | 0.50                | X   |                       |                    |              |                              |              | 0.                     | 0.                   |          |                       | 0.       |
| Director   |                     | •   | l                     |                    | <u> </u>     |                              |              | 123,187.               | 0.                   |          | 3,5                   |          |
| 1b Subtotal  c Total from continuation sheets to Par   |                     |   |                       |                    |              |                              |              | 0.                     | 0.                   |          | <u> </u>              | 0.       |
| d Total (add lines 1b and 1c)  |                     |   |                       |                    |              |                              |              | 123,187.               | 0.                   |          | 3,5                   |          |
| 2 Total number of individuals (including but   |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
| compensation from the organization   |                     |   |                       |                    |              | .,                           |              |                        | ,                    |          |                       | 1        |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          | Yes                   | No       |
| 3 Did the organization list any former office  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
| line 1a? If "Yes," complete Schedule J f   |                     |   |                       |                    |              |                              |              |                        |                      | 3        | -                     | X        |
| 4 For any individual listed on line 1a, is the   |                     |   |                       |                    |              |                              |              |                        | the organization     | 4        |                       | х        |
| <ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive</li></ul> |                     |   |                       |                    |              |                              |              |                        | dual for conject     | -4       |                       |          |
| 5 Did any person listed on line 1a receive<br>rendered to the organization? If "Yes," or                     |                     |   |                       |                    |              |                              |              |                        |                      | 5        |                       | X        |
| Section B. Independent Contractors   | ompiete Scriedai    | <u>e u 1</u>  | UI SI                 | JCII J             | Ders         |                              |              |                        |                      |          | -                     |          |
| Complete this table for your five highest  | compensated in      | depe  | ende                  | ent c              | ontr         | racto                        | ors t        | hat received more than | \$100,000 of compens | ation    | from                  |          |
| the organization. Report compensation  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
| (A)  | ,                   |   |                       |                    |              |                              |              | (B)                    |                      | (        | C)                    |          |
| Name and busin   | ess address         | N   | ONE                   | 3                  |              |                              |              | Description of s       | ervices (            |          | ensatio               | n        |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
|  |                     |   |                       | _                  |              |                              | _            |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
|  | ****                |   |                       |                    |              |                              | _            |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              | $\dashv$     |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              | +            |                        |                      |          |                       |          |
|  |                     |   |                       |                    |              |                              |              |                        |                      |          |                       |          |
| 2 Total number of independent contracto  | rs (including but r | not li  | mite                  | d to               | tho          | se li                        | sted         | above) who received m  | ore than             |          |                       | -        |
| \$100,000 of componentian from the are   |                     | 11  |                       | 0                  |              | n                            |              | ,                      |                      |          |                       |          |

\$100,000 of compensation from the organization ▶ 0

See Part VII, Section A Continuation sheets

Form **990** (2020)

| (A)  | (B)           |                                |                       | ((      | C)           |                              |              | Compensated Employ (D) | (E)             | (F)          |
|--|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------------|------------------------|-----------------|--------------|
| Name and title   | Average       |                                |                       |         | -,<br>ition  | ľ                            |              | Reportable             | Reportable      | Estimated    |
|  | hours         | (c                             | heck                  |         |              |                              | ly)          | compensation           | compensation    | amount of    |
|  | per           | Ħ                              |                       |         |              | Ī                            |              | from                   | from related    | other        |
|  | week          |                                |                       |         |              | yee                          |              | the                    | organizations   | compensatio  |
|  | (list any     | ecto                           |                       |         |              | 崖                            |              | organization           | (W-2/1099-MISC) | from the     |
|  | hours for     | or dir                         | به                    |         |              | ated                         |              | (W-2/1099-MISC)        |                 | organization |
|  | related       | stee                           | rruste                |         | a.           | bens                         |              |                        |                 | and related  |
|  | organizations | Individual trustee or director | Institutional trustee |         | Key employee | Highest compensated employee |              |                        |                 | organization |
|  | below         | livid                          | stituti               | Officer | y em         | ghest                        | Former       |                        |                 |              |
| ugu.   | line)         | Ĕ                              | ä                     | ₽       | - Ke         | ≡                            | 윤            |                        |                 |              |
| 27) Laurie Coles, Esq.   | 0.20          |                                |                       |         |              |                              |              |                        |                 |              |
| irector  |               | X                              |                       |         |              |                              |              | 0.                     | 0.              | (            |
| 28) Aimee Jozic  | 0.40          |                                |                       |         |              |                              |              |                        |                 |              |
| irector  |               | X                              |                       |         |              |                              |              | 0.                     | 0.              |              |
| 29) Maureen Rutecki  | 0.30          |                                |                       |         |              |                              |              |                        |                 |              |
| irector  | 7,70          | X                              |                       |         |              |                              |              | 0.                     | 0.              | (            |
|  | 0.50          |                                |                       |         |              |                              |              |                        |                 |              |
| 30) Jeremy Stein   | 0.30          | X                              |                       |         |              |                              |              | 0.                     | 0.              | (            |
| irector  |               | Δ                              | H                     |         |              |                              | -            | 0.                     |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              | <del> </del>                 |              |                        |                 |              |
| •  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              | _                            |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
| A STATE OF THE STA |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               | <u> </u>                       |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
| THE STATE OF THE S |               | -                              | -                     |         |              |                              |              |                        |                 | -            |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
| APARAL CONTRACTOR CONT |               |                                |                       |         |              |                              | _            |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
| ****   |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               | ļ                              |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        | ***             |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
| Au-  |               |                                |                       |         |              |                              |              |                        | ***             |              |
|  |               | 1                              |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       | _       |              |                              |              |                        |                 |              |
|  |               | 1                              |                       |         |              |                              |              |                        |                 |              |
|  |               |                                |                       |         | -            |                              | <del> </del> | ·                      | -300.           |              |
|  |               | -                              |                       |         |              |                              |              |                        |                 |              |
|  |               | $\vdash$                       |                       |         |              |                              | <u> </u>     |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  |               | <u> </u>                       |                       |         | Щ            |                              | <u> </u>     |                        |                 |              |
|  |               |                                |                       |         |              |                              |              |                        |                 |              |
|  | 1             | I                              | 1                     |         |              |                              |              |                        |                 |              |

School, Inc

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue | business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 6,239. 1 a Federated campaigns ..... **b** Membership dues ..... 84,497 c Fundraising events ..... 1c d Related organizations 784,172. e Government grants (contributions) f All other contributions, gifts, grants, and 923,402. similar amounts not included above ... 46,753. G Noncash contributions included in lines 1a-1f 1g \$ ,798,310 h Total. Add lines 1a-1f. **Business Code** 611600 1 ,348,543.1,348,543. 2a Tuition and Registrati Program Service Revenue f All other program service revenue 348,543. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 50,510 50,510. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 62,169 2,796. 6 a Gross rents ..... 0. **b** Less: rental expenses ... 62,169. 2,796. c Rental income or (loss) 62,169. 64,965. 2,796 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 777,438. assets other than inventory **b** Less: cost or other basis Other Revenue 140,011. 140,011 d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ 84,497. of contributions reported on line 1c). See Part IV, line 18 6.270 b Less: direct expenses -6,270. -6,270.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9a Part IV, line 19 b Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 362. and allowances ..... **b** Less: cost of goods sold ..... 0. 362 362. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 17,808 11 a Other Income 611600 17,808. d All other revenue 17,808. e Total. Add lines 11a-11d ..... 246,420. **▶** 3,414,239.1,369,509. 12 Total revenue. See instructions Form 990 (2020)

Form 990 (2020) School, Inc
Part IX Statement of Functional Expenses

| _               | Check if Schedule O contains a respons  | e or note to any line in t | (B)                         | (C)                             | ( <b>D)</b> Fundraising |
|-----------------|---|----------------------------|-----------------------------|---------------------------------|-------------------------|
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                        | Total expenses             | Program service<br>expenses | Management and general expenses | Fundraising expenses    |
| 1               | Grants and other assistance to domestic organizations   |                            |                             |                                 |                         |
|                 | and domestic governments. See Part IV, line 21  |                            | -                           |                                 |                         |
| 2               | Grants and other assistance to domestic   |                            | 4 - 4                       |                                 |                         |
|                 | individuals. See Part IV, line 22   | 174,795.                   | 174,795.                    |                                 |                         |
| 3               | Grants and other assistance to foreign  |                            | ٠,                          |                                 |                         |
|                 | 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,  | 125 206                    | 75 170                      | 25,059.                         | 25,059.                 |
|                 | trustees, and key employees   | 125,296.                   | 75,178.                     | 25,059.                         | 23,033.                 |
| 6               | Compensation not included above to disqualified   |                            |                             |                                 |                         |
|                 | persons (as defined under section 4958(f)(1)) and   |                            |                             |                                 |                         |
| _               | persons described in section 4958(c)(3)(B)  | 1,574,642.                 | 1,285,763.                  | 204,366.                        | 84,513.                 |
| 7               | Other salaries and wages  | 1,5/4,044.                 | 1,405,705.                  | 204,300.                        | 0 = 1 0 ± 0             |
| 8               | Pension plan accruals and contributions (include  |                            |                             |                                 |                         |
| _               | section 401(k) and 403(b) employer contributions)   | 74,428.                    | 54,977.                     | 13,530.                         | 5,921.                  |
| 9               | Other employee benefits   | 137,212.                   | 111,578.                    | 17,169.                         | 8,465.                  |
| 10              | Payroll taxes   | 101,414.                   | 111,0,00                    | <u> </u>                        | 3,200.                  |
| 11              | Fees for services (nonemployees):   |                            |                             |                                 |                         |
| a               | Management  | 283.                       |                             | 283.                            |                         |
| b               | Legal   | 17,200.                    |                             | 17,200.                         |                         |
|                 | Accounting  | 17,2001                    |                             |                                 |                         |
| d               | Lobbying  | -                          |                             |                                 |                         |
| f               | Investment management fees  | 30,019.                    |                             | 30,019.                         |                         |
| ,               | Other. (If line 11g amount exceeds 10% of line 25,  | 30,023                     |                             |                                 |                         |
| 9               | column (A) amount, list line 11g expenses on Sch 0.)  | 71,784.                    | 14,192.                     | 38,092.                         | 19,500                  |
| 12              | Advertising and promotion   | 46,172.                    | 1                           | 38,554.                         | 7,618.                  |
| 13              | Office expenses   | 69,534.                    | 49,820.                     | 17,564.                         | 2,150                   |
| 14              | Information technology  | 5,751.                     |                             | 5,751.                          |                         |
| 15              | Royalties   |                            |                             |                                 |                         |
| 16              | Occupancy   | 245,378.                   | 225,788.                    | 17,559.                         | 2,031                   |
| 17              | Travel  |                            |                             |                                 |                         |
| 18              | Payments of travel or entertainment expenses  |                            |                             |                                 |                         |
|                 | for any federal, state, or local public officials   |                            |                             |                                 |                         |
| 19              | Conferences, conventions, and meetings  | 5,733.                     | 5,733.                      |                                 |                         |
| 20              | Interest  |                            |                             |                                 |                         |
| 21              | Payments to affiliates  |                            |                             |                                 |                         |
| 22              | Depreciation, depletion, and amortization   | 207,917.                   | 174,614.                    | 31,692.                         | 1,611                   |
| 23              | Insurance   |                            |                             |                                 |                         |
| 24              | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If   |                            |                             |                                 |                         |
|                 | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                            |                             |                                 |                         |
| _               | Tara an Diamonal of Aga   | 27,069.                    |                             | 27,069.                         |                         |
| a<br>b          | D. J. D. L. H. H.   | 17,500.                    |                             | 17,500.                         |                         |
| _               | Talentianal Complian  | 11,858.                    | 11,858.                     |                                 |                         |
| d               | Development   | 4,264.                     | 4,264.                      | ***                             |                         |
|                 | All other expenses  | 21,091.                    | 14,423.                     | 6,371.                          | 297                     |
| 25              | Total functional expenses. Add lines 1 through 24e  | 2,867,926.                 | 2,202,983.                  | 507,778.                        | 157,165                 |
| <u>25</u><br>26 | Joint costs. Complete this line only if the organization  |                            |                             |                                 |                         |
| <u> L</u> U     | reported in column (B) joint costs from a combined  |                            |                             |                                 |                         |
|                 | educational campaign and fundraising solicitation.  |                            |                             |                                 |                         |
|                 | Check here if following SOP 98-2 (ASC 958-720)  |                            |                             |                                 |                         |

032010 12-23-20

Form **990** (2020)

| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>0a                                   | Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other   | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, intributor, or 35% is ons (as defined on 4958(c)(3)(B)   | (A) Beginning of year  416,508. 276,912. 89,710. 50,100.   | 1<br>2<br>3<br>4<br>5   | (B) End of year 774,414. 126,894. 153,376. 229,990.   |
|---|--|--|---|--|---|---|
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>0a<br>b                                   | Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or trustee, key employee, creator or founder, subsecontrolled entity or family member of any of thee Loans and other receivables from other disquali under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other   | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, intributor, or 35% ins ons (as defined on 4958(c)(3)(B)  | 8eginning of year 416,508. 276,912. 89,710. 50,100.  | 2<br>3<br>4<br>5  | 774,414.<br>126,894.<br>153,376.  |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>0a<br>b                                   | Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or trustee, key employee, creator or founder, subsecontrolled entity or family member of any of thee Loans and other receivables from other disquali under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other   | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, intributor, or 35% ins ons (as defined on 4958(c)(3)(B)  | 276,912.<br>89,710.<br>50,100.   | 2<br>3<br>4<br>5  | 126,894.<br>153,376.  |
| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>0a<br>b  | Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or trustee, key employee, creator or founder, subsice controlled entity or family member of any of thes | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B)  | 89,710.<br>50,100.   | 5   | 153,376.  |
| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>0a<br>b  | Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or trustee, key employee, creator or founder, subsice controlled entity or family member of any of thes | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B)  | 50,100.  | 5   |   |
| 4<br>5<br>6<br>7<br>8<br>9<br>0a<br>b   | Accounts receivable, net  Loans and other receivables from any current of trustee, key employee, creator or founder, subsice controlled entity or family member of any of these Loans and other receivables from other disqualicunder section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other  | r former o<br>tantial co<br>se persor<br>fied pers<br>d in secti   | officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B)  |  | 5   | 229,990.  |
| 5<br>6<br>7<br>8<br>9<br>0a<br>b  | Loans and other receivables from any current of trustee, key employee, creator or founder, substitution controlled entity or family member of any of these Loans and other receivables from other disqualifunder section 4958(f)(1)), and persons described Notes and loans receivable, net  | r former of<br>tantial co<br>se persor<br>fied pers<br>d in secti  | officer, director, Intributor, or 35% Ins Ins Ins Ins (as defined on 4958(c)(3)(B)  |  | 6   |   |
| 6<br>7<br>8<br>9<br>0a<br>b   | trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disquali under section 4958(f)(1)), and persons describe Notes and loans receivable, net  | tantial co<br>se persor<br>fied pers<br>d in secti   | ntributor, or 35%  ns ons (as defined on 4958(c)(3)(B)  |  | 6   |   |
| 6<br>7<br>8<br>9<br>0a<br>b   | controlled entity or family member of any of these Loans and other receivables from other disqualice under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other   | se persor<br>fied pers<br>d in secti   | ons (as defined<br>on 4958(c)(3)(B)   |  | 6   |   |
| 6<br>7<br>8<br>9<br>0a<br>b   | Loans and other receivables from other disquali under section 4958(f)(1)), and persons describe Notes and loans receivable, net  | fied pers<br>d in secti  | ons (as defined<br>on 4958(c)(3)(B)   |  |   |   |
| 7<br>8<br>9<br>0a<br>b  | under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other  | d in secti   | on 4958(c)(3)(B)  |  |   |   |
| 7<br>8<br>9<br>0a<br>b  | Notes and loans receivable, net  |  |   |  | 7   |   |
| 8<br>9<br>0a<br>b   | Inventories for sale or use  |  |   |  |   |   |
| 9<br>0a<br>b  | Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other   |  |   | 637.   | 8   | 637.  |
| 0a<br>b   | Land, buildings, and equipment: cost or other  |  |   | 33,483.  | 9   | 31,653.   |
| b   |  |  |   |  | ŀ   |   |
|   | basis. Complete Part VI of Schedule D  | 10a  | 8,372,913.  |  |   |   |
|   | Less: accumulated depreciation   |  | 4,857,394.  | 3,366,897.   | 10c   | 3,515,519.  |
| 1   | Investments - publicly traded securities   |  |   | 3,966,267.   | 11  | 4,975,850   |
| 2   | Investments - other securities. See Part IV, line  |  |   |  | 12  |   |
| 3   |  |  |   |  | 13  |   |
| 4   |  |  |   |  | 14  |   |
| 5   |  |  | 1   |  | 15  |   |
| 6   |  |  |   | 8,200,514.   | 16  | 9,808,333   |
| 7   |  |  | 1   | 147,931.   | 17  | 212,887   |
| 8   | • •  |  |   |  | 18  |   |
| 9   |  |  |   | 22,461.  | 19  | 33,835  |
| 20  |  |  |   |  | 20  |   |
| .o<br>21  |  |  |   |  | 21  |   |
|   |  |  |   |  |   |   |
| -   |  |  |   |  |   |   |
|   |  |  |   |  | 22  |   |
| 23  |  |  |   | 385,410.   | 23  | 398,870   |
| .o<br>24  |  |  |   |  | 24  |   |
| . <del></del><br>25   |  |  |   |  |   |   |
|   |  |  |   |  |   |   |
|   | ·  |  |   |  | 25  |   |
| 26  |  |  |   | 555,802.   | 26  | 645,592   |
|   |  |  |   |  |   |   |
|   |  |  |   |  |   |   |
| 7   |  |  | :   | 5,875,905.   | 27  | 7,141,702   |
| 28  |  |  |   |  |   | 2,021,039   |
|   |  |  |   |  |   |   |
|   |  | ,  |   |  |   |   |
| 20  | · · · · · · · · · · · · · · · · · · ·  | ì.   | 1   |  | 29  |   |
| 29<br>30  |  |  |   |  | 30  |   |
|   |  |  |   |  | 31  |   |
| 31<br>32  |  |  | 1   | 7,644,712.   |   | 9,162,741   |
|   |  |  |   |  |   | 9,808,333   |
| 3445<br>677<br>189<br>199<br>199<br>199<br>199<br>199<br>199<br>199<br>199<br>199 | 3 4 5 5 6 7 3 6 9 0 1  | Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or forr trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 9 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated in Total net assets or fund balances | Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV or Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial oc controlled entity or family member of any of these persor Secured mortgages and notes payable to unrelated third po Unsecured notes and loans payable to unrelated third po Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or Total net assets or fund balances | Investments · program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here   Total liabilities. Add lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Deaid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | Investments - program-related. See Part IV, line 11 Intangible assets. Cither assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable and accrued expenses Grants payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Cither liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here  Total liabilities. Add lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  7,644,712. | Investments - program-related. See Part IV, line 11  Intangible assets  Intangible assets  Intangible assets. See Part IV, line 11  Total assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)  Accounts payable and accrued expenses  Intangible assets. Add lines 1 through 15 (must equal line 33)  Accounts payable and accrued expenses  Intangible assets. Add lines 1 through 15 (must equal line 33)  Beta counts payable and accrued expenses  Intangible assets. Add lines 1 through 15 (must equal line 33)  Intangible assets. Add lines 1 through 15 (must equal line 33)  Intangible assets. Add lines 1 through 15 (must equal line 33)  Intangible assets. Add lines 1 through 15 (must equal line 33)  Intangible assets. Add lines 1 through 15 (must equal line 33)  Intangible assets. Add lines 17 through 25  Intangible assets. |

| <u>Fo</u> rm | 990 (2020) School, Inc   | <u> </u>   | 00/30     | Pag                    | e IZ        |  |
|--------------|--|------------|-----------|------------------------|-------------|--|
| Par          | t XI Reconciliation of Net Assets  |            |           |                        |             |  |
|              | Check if Schedule O contains a response or note to any line in this Part XI  | ·····      |           |                        |             |  |
|              | ···  |            |           |                        | 20          |  |
| 1            | Total revenue (must equal Part VIII, column (A), line 12)  | _1         | 3,41      |                        |             |  |
| 2            | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 2,86      |                        |             |  |
| 3            | Revenue less expenses. Subtract line 2 from line 1   | 3          |           | 546,313.<br>7,644,712. |             |  |
| 4            | ,  |            |           |                        |             |  |
| 5            | Net unrealized gains (losses) on investments   | _5         | 97        | Ι, 7                   | <u> 16.</u> |  |
| 6            | Donated services and use of facilities   | 6          |           |                        |             |  |
| 7            | Investment expenses  | 7          |           |                        |             |  |
| 8            | Prior period adjustments   | 8          |           |                        |             |  |
| 9            | Other changes in net assets or fund balances (explain on Schedule O)   | 9          |           |                        | 0.          |  |
| 10           | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |            |           | <u> </u>               | 4.4         |  |
|              | column (B))  | 10         | 9,16      | <u>2,7</u>             | <u>41.</u>  |  |
| Pai          | rt XII Financial Statements and Reporting  |            |           |                        |             |  |
|              | Check if Schedule O contains a response or note to any line in this Part XII                                       | ·····      |           | Yes                    | No          |  |
|              |  |            | _         | res                    | NO          |  |
| 1            | Accounting method used to prepare the Form 990: Cash X Accrual Other   |            | -         | •                      |             |  |
|              | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | О.         |           |                        | 37          |  |
| 2a           |  |            | 2a_       |                        | <u>X</u>    |  |
|              | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a     | 1         |                        |             |  |
|              | separate basis, consolidated basis, or both:   |            |           |                        | ٠.          |  |
|              | Separate basis Consolidated basis Both consolidated and separate basis   |            |           | 77                     |             |  |
| b            | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b        | X                      |             |  |
|              | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis,   |           |                        |             |  |
|              | consolidated basis, or both:   |            |           |                        |             |  |
|              | X Separate basis Consolidated basis Both consolidated and separate basis   |            |           |                        |             |  |
| С            | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,   | _         | 37                     |             |  |
|              | review, or compilation of its financial statements and selection of an independent accountant?                     |            | <u>2c</u> | X                      |             |  |
|              | If the organization changed either its oversight process or selection process during the tax year, explain on Sci  | nedule O.  |           |                        |             |  |
| За           | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | _         |                        | 4,7         |  |
|              | Act and OMB Circular A-133?  |            | <u>3a</u> |                        | X           |  |
| b            | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit |           |                        |             |  |
|              | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |            | 3b        | 000                    | (2020)      |  |

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

| Sec  | ction A. Public Support                      |                       |                     |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     | 4           |
|------|--|-----------------------|---------------------|----------------------|---|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2016              | <b>(b)</b> 2017     | (c) 2018             | (d) 2019                                | (e) 2020            | (f) Total   |
| 1    | Gifts, grants, contributions, and            | [                     |                     |                      |   |                     |             |
|      | membership fees received. (Do not            |                       |                     |                      |   |                     |             |
|      | include any "unusual grants.")               |                       |                     |                      |   |                     |             |
| 2    | Tax revenues levied for the organ-           |                       |                     |                      |   |                     |             |
|      | ization's benefit and either paid to         |                       |                     |                      |   |                     |             |
|      | or expended on its behalf                    |                       |                     |                      |   |                     |             |
| 3    | The value of services or facilities          |                       |                     |                      |   |                     |             |
|      | furnished by a governmental unit to          |                       |                     |                      |   |                     |             |
|      | the organization without charge              |                       |                     |                      |   |                     |             |
| 4    | Total. Add lines 1 through 3                 |                       |                     |                      |   |                     |             |
| 5    | The portion of total contributions           |                       |                     |                      |   |                     |             |
|      | by each person (other than a                 |                       |                     |                      |   |                     |             |
|      | governmental unit or publicly                |                       |                     |                      |   |                     |             |
|      | supported organization) included             |                       |                     |                      | · .                                     |                     |             |
|      | on line 1 that exceeds 2% of the             |                       |                     |                      |   |                     |             |
|      | amount shown on line 11,                     |                       | · ·                 |                      |   |                     |             |
|      | column (f)                                   |                       |                     |                      |   |                     | _           |
| 6    | Public support. Subtract line 5 from line 4. |                       |                     |                      |   |                     |             |
|      | tion B. Total Support                        |                       |                     |                      |   |                     |             |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2016              | <b>(b)</b> 2017     | (c) 2018             | (d) 2019                                | (e) 2020            | (f) Total   |
|      | Amounts from line 4                          |                       |                     |                      |   |                     |             |
| 8    | Gross income from interest,                  |                       |                     |                      |   |                     |             |
|      | dividends, payments received on              |                       |                     |                      |   |                     |             |
|      | securities loans, rents, royalties,          |                       | 1                   |                      |   |                     |             |
|      | and income from similar sources              |                       |                     |                      |   |                     |             |
| 9    | Net income from unrelated business           |                       |                     |                      |   |                     |             |
|      | activities, whether or not the               |                       |                     |                      |   |                     |             |
|      | business is regularly carried on             |                       |                     |                      |   |                     |             |
| 10   | Other income. Do not include gain            |                       |                     |                      |   |                     | -           |
|      | or loss from the sale of capital             |                       |                     |                      |   |                     |             |
|      | assets (Explain in Part VI.)                 |                       |                     |                      |   |                     |             |
| 11   | Total support. Add lines 7 through 10        |                       |                     |                      |   |                     |             |
|      | Gross receipts from related activities,      | etc. (see instruction | ons)                |                      |   | 12                  |             |
|      | First 5 years. If the Form 990 is for th     |                       |                     | fourth, or fifth tax | year as a section 5                     | 501(c)(3)           |             |
|      | organization, check this box and stor        |                       |                     |                      |   |                     | <b>.</b>    |
| Sec  | tion C. Computation of Publ                  | ic Support Pe         | rcentage            |                      |   |                     |             |
| 14   | Public support percentage for 2020 (         | line 6, column (f), d | livided by line 11, | column (f))          |   | 14                  | %           |
|      | Public support percentage from 2019          |                       |                     |                      |   | 15                  | %           |
| 16a  | 33 1/3% support test - 2020. If the d        | organization did no   | t check the box o   | n line 13, and line  | 14 is 33 1/3% or n                      | nore, check this bo | x and       |
|      | stop here. The organization qualifies        | as a publicly supp    | orted organization  |                      |   |                     | ▶∟          |
| b    | 33 1/3% support test - 2019. If the          | organization did no   | t check a box on l  | ine 13 or 16a, and   | d line 15 is 33 1/3%                    | or more, check th   | is box      |
|      | and stop here. The organization qual         |                       |                     |                      |   |                     | ▶□          |
| 17a  | 10% -facts-and-circumstances tes             | t - 2020. If the org  | anization did not d | heck a box on lin    | e 13, 16a, or 16b, a                    | and line 14 is 10%  | or more,    |
|      | and if the organization meets the fact       |                       |                     |                      |   |                     |             |
|      | meets the facts-and-circumstances to         |                       |                     |                      |   |                     |             |
| b    | 10% -facts-and-circumstances tes             | t - 2019. If the org  | anization did not o | check a box on lin   | e 13, 16a, 16b, or                      | 17a, and line 15 is | 10% or      |
|      | more, and if the organization meets the      |                       |                     |                      |   |                     |             |
|      | organization meets the facts-and-circ        |                       |                     |                      |   |                     | <b>&gt;</b> |
| 18   | Private foundation. If the organization      |                       |                     |                      |   |                     | <u>s</u>    |
|      |  |                       |                     |                      |   | dule A /Earm 990    |             |

### Schedule A (Form 990 or 990-EZ) 2020 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

| Sec  | qualify under the tests listed bection A. Public Support   | elow, please comp    | olete Part II.)        |                     |                     |                  |                |
|------|--|----------------------|------------------------|---------------------|---------------------|------------------|----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2016             | (b) 2017               | (c) 2018            | (d) 2019            | (e) 2020         | (f) Total      |
| 1    | Gifts, grants, contributions, and  |                      |                        |                     |                     |                  |                |
|      | membership fees received. (Do not  |                      |                        |                     |                     |                  |                |
|      | include any "unusual grants.")   | 836,051.             | 822,435.               | 943,260.            | 1078958.            | 1798310.         | 5479014.       |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                        |                     |                     |                  | 8522892.       |
| 3    | Gross receipts from activities that  |                      |                        |                     |                     |                  |                |
|      | are not an unrelated trade or bus-   |                      |                        |                     |                     |                  |                |
|      | iness under section 513  | 25,295.              | 4,777.                 | 22,766.             |                     |                  | <u>52,838.</u> |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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   | 2642503.             | 2636803.               | 2842563.            | 2785660.            | 3147215.         | 14054744.      |
| 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  |                      | :                      |                     |                     |                  |                |
|      | amount on line 13 for the year   |                      |                        |                     |                     |                  | 0.             |
| c    | Add lines 7a and 7b  |                      |                        |                     |                     |                  | 0.             |
|      | Public support. (Subtract line 7c from line 6.)  |                      |                        |                     |                     |                  | 14054744.      |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2016             | <b>(b)</b> 2017        | (c) 2018            | (d) 2019            | (e) 2020         | (f) Total      |
|      | Amounts from line 6  | 2642503.             | 2636803.               | 2842563.            | 2785660.            | <u>3147215.</u>  | 14054744.      |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 | 179,760.             | 193,338.               | 220,892.            | 160,218.            | 115,475.         | 869,683.       |
| b    | Unrelated business taxable income  |                      |                        |                     |                     |                  |                |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                        |                     |                     |                  |                |
| c    | Add lines 10a and 10b  | 179,760.             | 193,338.               | 220,892.            | 160,218.            | 115,475.         | 869,683.       |
|      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                     |                      |                        |                     |                     |                  |                |
| 12   | Other income. Do not include gain  |                      |                        |                     |                     |                  |                |
|      | or loss from the sale of capital assets (Explain in Part VI.)  | 9,033.               | 9,810.                 | 11,011.             | 24,861.             | 17,808.          | 72,523.        |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   | 2831296.             | 2839951.               | 3074466.            | 2970739.            | 3280498.         | 14996950.      |
|      | First 5 years. If the Form 990 is for th   |                      |                        | •                   |                     | 1 10 10          |                |
| _    |  |                      |                        | _                   |                     |                  |                |
| Sec  | ction C. Computation of Publ   | ic Support Per       | rcentage               |                     |                     |                  |                |
| 15   | Public support percentage for 2020 (I  | ine 8, column (f), d | ivided by line 13, o   | column (f))         |                     | 15               | 93.72 %        |
| 16   | Public support percentage from 2019  | Schedule A, Part     | III, line 15           |                     |                     | 16               | 92.99 %        |
|      | ction D. Computation of Inves  |                      |                        |                     |                     |                  |                |
| 17   | Investment income percentage for 20  | 20 (line 10c, colun  | nn (f), divided by lir | ne 13, column (f))  |                     | 17               | 5.80 %         |
| 18   | Investment income percentage from  |                      |                        |                     | 1                   | 18               | 6.55 %         |
|      | 33 1/3% support tests - 2020. If the   |                      |                        |                     |                     |                  |                |
|      | more than 33 1/3%, check this box a  |                      |                        |                     |                     |                  | ► <b>₹</b> 2   |
| b    | 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che   | organization did n   | ot check a box on      | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, | and            |
|      |  |                      | -                      |                     |                     |                  |                |
| 20   | Private foundation. If the organizatio   | ים מום חמן בחפבע פי  | DOX OD IIDA IAL IVIS   | a Or 190) chene in  |                     | anuchons         |                |

#### Part IV Supporting Organizations

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

| 0-  | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)   |     |     |          |
|-----|--|-----|-----|----------|
| Sec | tion A. All Supporting Organizations   |     | Yes | No       |
| 4   | Are all of the organization's supported organizations listed by name in the organization's governing   |     | 100 | 110      |
| 1   | 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   |     |     |          |
| 2   | 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   |     |          |
| 32  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer   | -   |     |          |
| oa  | lines 3b and 3c below.   | За  |     |          |
| h   | 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   | 1   |     |          |
|     | organization made the determination.   | 3b_ |     |          |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)   |     |     |          |
| Ū   | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.   | 3с  |     |          |
| 42  | Was any supported organization not organized in the United States ("foreign supported organization")? If   |     |     |          |
| -14 | "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a  |     |          |
| h   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign  |     |     |          |
| -   | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion   |     |     |          |
|     | despite being controlled or supervised by or in connection with its supported organizations.   | 4b  |     |          |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination  |     |     |          |
| Ŭ   | 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,"   |     |     | ŀ        |
| -   | answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN   |     |     |          |
|     | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;  |     |     |          |
|     | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action  |     |     |          |
|     | was accomplished (such as by amendment to the organizing document).  | 5a  |     | l        |
| b   | and the state of t |     |     |          |
| ~   | designated in the organization's organizing document?  | 5b  |     |          |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |     |          |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   |     |     |          |
| •   | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class  |     |     |          |
|     | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also   |     |     |          |
|     | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in   |     |     |          |
|     | Part VI.   | 6   |     |          |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor  |     |     |          |
| •   | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with   |     |     |          |
|     | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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?  |     |     | 1        |
|     | 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  |     | ļ        |
| 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  |     | <u> </u> |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit  |     |     |          |
| J   | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c  |     |          |
| 102 | Was the organization subject to the excess business holdings rules of section 4943 because of section  |     |     |          |
| .50 | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated  |     |     |          |
|     | supporting organizations)? If "Yes," answer line 10b below.  | 10a |     |          |
| 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.)

The David Hochstein Memorial Music 16-0768758 Page 6 Schedule A (Form 990 or 990-EZ) 2020 School, Inc Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year (optional) Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3.

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

Schedule A (Form 990 or 990-EZ) 2020

5

Income tax imposed in prior year

instructions)

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

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2020 School, Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2020 Pre-2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reason-2 able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

# The David Hochstein Memorial Music

|         | Suj<br>Part<br>line<br>Sec<br>(See | opler IV, Se 1; Par tion D instru | mental I<br>ection A, li<br>t IV, Sections, lines 5, 6<br>uctions.) | nforma<br>nes 1, 2, 3<br>on D, lines<br>, and 8; a | tion. Prov<br>3b, 3c, 4b,<br>s 2 and 3; F<br>nd Part V, | vide the<br>4c, 5a,<br>Part IV, S<br>Section | explanations<br>6, 9a, 9b, 9c<br>Section E, lin<br>E, lines 2, 5, | , 11a, 11b, a<br>es 1c, 2a, 2l<br>and 6. Also | and 11c;<br>b, 3a, an<br>complet | Part IV, Sec<br>ad 3b; Part V<br>te this part fo | II, line 17a or 17b<br>tion B, lines 1 and<br>, line 1; Part V, Se<br>or any additional in | 2; Part IV, Se<br>ction B, line 16 | 2;<br>ction C,                         |
|---------|------------------------------------|-----------------------------------|---|--|---|--|---|---|----------------------------------|--|--|------------------------------------|--|
| Schedu  | <u> 11e</u>                        | Α,_                               | Part  | III,   | Line  | 12,  | Explan  | nation  | for                              | Other  | Income:  |                                    |  |
| Other   | Inc                                | c <u>om</u> e                     | e   |  |   |  |   | D.  |                                  |  |  |                                    |  |
| •       |                                    |                                   |   |  |   |  |   |   |                                  |  |  |                                    |  |
|         |                                    | <del>-</del>                      |   |  |   |  | 1.20  |   |                                  |  |  |                                    |  |
| <u></u> | <del></del>                        |                                   |   |  |   | <u> </u>                                     | M   |   |                                  |  |  |                                    |  |
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#### SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

The David Hochstein Memorial Music

Employer identification number 16-0768758

School, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year ..... 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

032051 12-01-20

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

<u> 175,440.</u>

3,515,519.

396,822

Other

572,262.

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

| Complete if the organization answered "Yes" on Form 990, Part IV, line 115. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end of-year market value of the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end of-year market value of the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 12. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of-year market value of the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of-year market value (d) Description of investment (e) Method of valuation: Cost or end of-year market value (e | Part VII       | Investments - Other Securities.                      |                              | AND BOOK BOOK Without 10  |                       |
|--|----------------|--|------------------------------|---|-----------------------|
| Flancial derivatives   | ( ) December 1 |  |                              | 11b. See Form 990, Part X, line 12.                                     | of-vear market value  |
| 2) Closely held equity interests 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C   |                |  | (b) Book value               | (e) Wethod of Valuation. Cost of Cha                                    | or your marries saids |
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| Column   C   |                |  |                              |   |                       |
| (G) (G) (H) Part VIII   Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part N, line 11c. See Form 990, Part N, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (7) (9) (9) (9) (9) (10) (11) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (10) (11) (2) (12) (3) (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10   |                | -  |                              |   |                       |
| (G) (G) (G) (H) (Gold, (D) must equal Form 990, Part X, col. (B) line 12.)  Folal, (Col. (D) must equal Form 990, Part X, col. (B) line 13.)  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9  |                |  |                              |   |                       |
| (b) Book value (c), (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of-year market value (1)  (2)  (3)  (4)  (6)  (9)  Idea: (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (a) Description (b) Book value (c) Method of valuation: Cost or end of-year market value (c) Method of valuation: Cos | •              |  |                              |   |                       |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.   | Total. (Col. ( | b) must equal Form 990, Part X, col. (B) line 12.)   |                              |   |                       |
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| (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (9) (7) (8) (9) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value  (c) Federal income taxes (c) (d) (d) (e) (f) (e) (f) (g) (g) (g) (h) Book value  (h) Federal income taxes (c) (g) (g) (h) Book value  (h) Federal income taxes (c) (g) (g) (h) Book value  (h) Federal income taxes (c) (d) (e) (f) (e) (f) (g) (g) (g) (h) Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                |  |                              |   |                       |
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Schedule D (Form 990) 2020

Part V, line la:

Due to the addition of established quasi-endowment funds, the beginning balance two years back does not match the three years back ending balance.

| Schedule D from 930 2020 School , Inc 16-0758758 Page 6 Part XIII   Supplemental Information (continued) | ,<br>Schedule D (Fo                   | orm 990) 2020   |         |                                       | Hochstein<br>nc | Memorial | Music                                 | 16-0768758                            | Page 5  |
|--|---------------------------------------|---|---------|---------------------------------------|-----------------|----------|---------------------------------------|---------------------------------------|---------|
|  | Part XIII S                           | upplemental Infor   | mation  | (continued                            | 1)              |          |                                       | <del> </del>                          |         |
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#### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

required to complete this part.

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

The David Hochstein Memorial Music

Employer identification number 16-0768758

School, Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

| <ul> <li>1 Indicate whether the organization rate</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d In-person solicitations</li> </ul> |   | ation of<br>ation of                             | non-g<br>gover                               | overnment grants<br>nment grants   |  |   |
|---|---|--|--|------------------------------------|--|---|
| 2 a Did the organization have a written   | Part VII) or entity in connection with dividuals or entities (fundraisers) purs | profess  | ional 1                                      | undraising services?               | X Yes  |   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | (iii)<br>fundr<br>have con<br>or con<br>contribu | Did<br>aiser<br>ustody<br>trol of<br>utions? | (iv) Gross receipts from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| Empreinte Consulting, LLC -   | Consulting on event   | Yes  | No   |                                    |  |   |
| 2401 Monroe Avenue,   | planning & contribution   |  | х  | 162,035.                           | 40,000.  | 122,035.  |
|   |   |  |  |                                    |  |   |
|   |   |  |  |                                    |  |   |
|   |   |  |  |                                    |  |   |
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|   |   |  |  | ·                                  |  |   |
| 3 List all states in which the organiza   | tion is registered or licensed to solici  |  | ution  | 162,035,<br>s or has been notified | 40,000.<br>d it is exempt from re  | 122,035.<br>egistration                                 |
| or licensing.   |   |  |  |                                    |  |   |
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Schedule G (Form 990 or 990-EZ) 2020

 $\ensuremath{\mathsf{LHA}}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for continuations

The David Hochstein Memorial Music 16-0768758 Page 2 Schedule G (Form 990 or 990-EZ) 2020 School, Inc 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events None (add col. (a) through Gala col. (c)) (total number) (event type) (event type) 75,134. 75,134. Gross receipts ..... 75,134. 75,134 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6,000. 6,000. Rent/facility costs 186. 186. Food and beverages ..... 7 8 Entertainment 84. 84 Other direct expenses 6,270. 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) \_\_\_\_\_**>** Net gaming income summary. Subtract line 7 from line 1, column (d)

| Were any of the o | organization's gaming | licenses revoked, suspend | ded, or terminated durin | g the tax year? | Yes   | ☐ No |
|-------------------|-----------------------|---------------------------|--------------------------|-----------------|-------|------|
| f "Yes," explain: |                       |                           |                          |                 | .,,,, |      |
|                   |                       |                           |                          |                 | 149-7 |      |

a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2020

10a Were any

**b** If "No," explain:

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

| ٠.        | THE DAVID ROCHISCETH MEMOLIAI MUSIC  | 768758            | Dago 2   |
|-----------|--|-------------------|----------|
| Sch       | edule G (Form 990 or 990-EZ) 2020 School, Inc 16-0  Does the organization conduct gaming activities with nonmembers?       | 700730<br>Yes     | No No    |
| 11        | ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      | res               | NO       |
| 12        |  | Yes               | ☐ No     |
|           | to administer charitable gaming?   | 1 C3              | 110      |
| 13        | Indicate the percentage of gaming activity conducted in:   | 120               | %        |
| а         | The organization's facility  | 13a               |          |
| b         | An outside facility  | 130               | 70       |
| 14        | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |                   |          |
|           | Name   |                   |          |
|           | Address  |                   |          |
| 15a       | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | Yes               | No No    |
| b         | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount                              |                   |          |
|           | of gaming revenue retained by the third party > \$   |                   |          |
| C         | If "Yes," enter name and address of the third party:   |                   |          |
|           | Name   |                   |          |
|           | Address >  |                   |          |
| 16        | Gaming manager information:  |                   |          |
|           | Name   |                   |          |
|           | Gaming manager compensation ▶ \$   |                   |          |
|           | Description of services provided   |                   | _        |
|           |  |                   |          |
|           |  |                   |          |
|           | Director/officer Employee Independent contractor   |                   |          |
| 17        | Mandatory distributions:   |                   |          |
|           | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |                   |          |
|           | retain the state gaming license?   | Yes               | No       |
| b         | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |                   |          |
|           | organization's own exempt activities during the tax year ▶ \$  |                   |          |
| Pa        | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa        | ırt III, lines 9, | 9b, 10b, |
|           | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           | -144              |          |
|           |  |                   |          |
| <u>SC</u> | <u>hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser</u>  | s:                |          |
|           |  | <del></del>       | -        |
| <u>(i</u> | ) Name of Fundraiser: Empreinte Consulting, LLC  |                   |          |
| <u>(i</u> | ) Address of Fundraiser: 2401 Monroe Avenue, Rochester, NY 14  | 1618              |          |
| <u>(i</u> | i) Activity: Consulting on event planning & contribution solic   | itatic            | n.       |
|           |  |                   |          |
|           |  | <del></del>       |          |
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| Schodule G  | (Form 990 or 990-EZ) School, Inc   | 16-0768758 Page 4 |
|-------------|--|-------------------|
| Part IV     | (Form 990 or 990-EZ) School, Inc<br>Supplemental Information (continued) |                   |
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# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, 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.

| OMB No. 1545-0047  2020  Open to Public |
|---|
|---|

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

| Department of the Treasury<br>Internal Revenue Service |  |                                     | Go to waw ire                      | ► Attach to Form 990.               | Attach to Form 990. www irs cov/Form990 for the latest information. | ation.  |  | Open to Public Inspection             |          |
|--|--|-------------------------------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|----------|
| Name of the organization                               | The David  | Hochstein                           | David Hochstein Memorial           | Music                               |   |   |  | Employer identification number        | je (     |
| Part I General Infor                                   | School, Inc  | Assistance                          |                                    |                                     | į   |   |  | 86/89/N-9T                            | $\infty$ |
| 1 Does the organization                                | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | substantiate the                    | amount of the grants               | or assistance, the                  | grantees' eligibility   | for the grants or ass                                 | istance, and the select  |                                       |          |
|  | criteria used to award the grants or assistance?   | nce?                                | the of crant                       | of orant funds in the United States | d States  |   |  | X Yes                                 | Š        |
| Part II Grants and O                                   | Grants and Other Assistance to Domestic Organizations and I  | mestic Organiz                      | ations and Domestic                | Governments.                        | omplete if the orga   | Inization answered "Y                                 | Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | IV, line 21, for any                  |          |
| recipient that   | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed   | 000. Part II can                    | be duplicated if additi            | ional space is need                 | led.  |   |  |                                       |          |
| 1 (a) Name and address of organization or government   | ess of organization  | ( <b>p</b> )                        | (c) IRC section<br>(if applicable) | (d) Amount of cash grant            | (e) Amount of non-cash assistance                                   | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance  | (h) Purpose of grant<br>or assistance |          |
|  |  |                                     |                                    |                                     |   |   |  |                                       | :        |
|  |  |                                     |                                    |                                     |   |   |  |                                       |          |
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|  |  |                                     |                                    |                                     |   |   |  |                                       |          |
| 2 Enter total number                                   | Enter total number of section 501(c)(3) and government organizations   | government or                       |                                    | isted in the line 1 table           |   |   |  |                                       |          |
| 3 Enter total number of LHA For Paperwork Re           | Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.                              | isted in the line see the Instructi | table ons for Form 990.            |                                     |   |   |  | Schedule I (Form 990) 2020            | 020      |

16-0768758

The David Hochstein Me School, Inc

Schedule | (Form 990) 2020

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 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 Tuition assistance awards to individuals and families who participate in 0. Tuition Rates of Students, who makes final decisions, unless additional review is (d) Amount of non-cash assistance 174,795. (c) Amount of requested from the President & Executive Director. cash grant (b) Number of recipients 435 (a) Type of grant or assistance Line 2: Tuition assistance Part I,

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

2020

Open to Public

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

Employer identification number 16-0768758

Schedule M (Form 990) 2020

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if amounts reported on contributions or applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods ..... 5 Cars and other vehicles ..... 6 Boats and planes \_\_\_\_\_ Intellectual property 8 9 Securities - Publicly traded ..... Securities - Closely held stock \_\_\_\_\_ 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles ..... Food inventory ..... 19 Drugs and medical supplies \_\_\_\_\_ 20 21 Taxidermy ..... Historical artifacts 22 Scientific specimens ..... 23 Archeological artifacts 24 46,753. Opinions of experts 241 (Instruments a) 25 Other 26 27 Other Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? 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, 33

LHA

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

#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2020 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

The David Hochstein Memorial Music School, Inc

Employer identification number 16-0768758

Form 990, Part 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 2020-2021 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, including consideraton of appropriate

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

Schedule O (Form 990 or 990-EZ) 2020

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| There are no other key employees compensated.   | Schedule O (Form 990 or 990-EZ) 2020  Name of the organization The David Hochstein Memorial Music | Employer identification number |
|---|---|--------------------------------|
| 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, members of the public served, and other accomplishments are published in an annual report, | School, Inc   | 16-0/68/58                     |
| 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, members of the public served, and other accomplishments are published in an annual report, | benchmarks, and makes the final determination of any con  | mpensation increase            |
| 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, members of the public  served, and other accomplishments are published in an annual report,   | specific to this position.  |                                |
| 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, members of the public  served, and other accomplishments are published in an annual report,   |   |                                |
| 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, members of the public  served, and other accomplishments are published in an annual report,   | There are no other key employees compensated.   |                                |
| 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, members of the public served, and other accomplishments are published in an annual report,  |   |                                |
| available upon request. The School's financial statements and a summary of information about the School's financial position, members of the public served, and other accomplishments are published in an annual report,  | Form 990, Part VI, Section C, Line 19:  |                                |
| information about the School's financial position, members of the public served, and other accomplishments are published in an annual report,   | All governing documents, conflict of interest policy, as  | nd form 990s are               |
| served, and other accomplishments are published in an annual report,  | available upon request. The School's financial statemen   | ts and a summary of            |
|   | information about the School's financial position, memb   | ers of the public              |
| available in print on request as well as on the School's website.   | served, and other accomplishments are published in an a   | nnual report,                  |
|   | available in print on request as well as on the School'   | s website.                     |
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## **CARRYOVER DATA TO 2021**

| Name The David Hochstein Memorial Music School, Inc  | Employer Identification Number 16-0768758 |
|--|---|
| Based on the information provided with this return, the following are possible carryover amounts to next year. |   |
| Federal Post-2017 Net Operating Loss - Parking Lot   | 1,656.                                    |
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