Form **990-E2**

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A F	or the	2016 calendar year, or tax year beginning July 1	, 2016, and ending	<u> </u>	une 30	, 20	17
	B c	heck if ap	oplicable C Name of organization		D Empl	oyer idei	ntification numbe	er
		Address c	- Torconwich village or chostra	ł	13-3349320			
		Name cha	Number and street (or P O box, if mail is not delivered to street address)	te E Telephone number				
	=	Initial retur	IPO Boy 573		1	917	-822-6502	
	\approx	Hinai returi Amended	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ур Ехет		
	==		on pending New York, NY 10014-0573		Nun	nber 🕨		
	G A	Account	ting Method ✓ Cash		H Check	lf 🔲	the organization	ıs not
		Vebsite					ch Schedule B	
	J Ta	ax-exen	npt status (check only one) - 501(c)(3) 501(c) () (insert no.) 494	7(a)(1) or 527	(Form 9	90, 990-	EZ, or 990-PF)	
				Other				
	L A	dd lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200	,000 or more, or if to	otal assets			
	(Par	rt II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			► \$		
	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see t	he instruc	ctions	for Part I)	
			Check if the organization used Schedule O to respond to any qu					. 🗆
		1	Contributions, gifts, grants, and similar amounts received			1		41,597
		2	Program service revenue including government fees and contracts			2		22,584
		3	Membership dues and assessments			3		0
		4	Investment income			4		0
		5a	Gross amount from sale of assets other than inventory	5a				
		ь	Less: cost or other basis and sales expenses	5b		İ		
2		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5	o from line 5a) .		5c		0
		6	Gaming and fundraising events	•				
	•	a	Gross income from gaming (attach Schedule G if greater than	1				
7	ne	1	\$15,000)	6a		} }		
SCANNED NOV 07 2017	Revenue	ь	Gross income from fundraising events (not including \$	of contribut	ions	} }		
\Leftrightarrow	æ,	ļ	from fundraising events reported on line 1) (attach Schedule G if the			1 1		
>	_		sum of such gross income and contributions exceeds \$15,000).	6b		((
3		c	Less: direct expenses from gaming and fundraising events	6c		[[
0		d	Net income or (loss) from gaming and fundraising events (add lines	6a and 6b and	subtract	} }		
ij		1	line 6c)			6d		0
Z		7a	Gross sales of inventory, less returns and allowances	7a	1,165			
		b	Less. cost of goods sold	7b	3,008	11		
(Z)		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line	e 7a)		7c		-1,843
Ø2		8	Other revenue (describe in Schedule O)			8		64
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	はいるでのこ	<u></u>	9		62,402
		10	Grants and similar amounts paid (list in Schedule O)		ည္တုံ့	10		0
		11	Benefits paid to or for members			11		0
	S	12	Salaries, other compensation, and employee benefits .	F 13 13 2017.	(20) (20)	12		0
	Ľ	13	Professional fees and other payments to independent contractors	مام براي ما والانتام والتناوي المناوي المناوية		13		27,600
	Expenses	14	Occupancy, rent, utilities, and maintenance		°=:	14		11,781
	ũ	15	Printing, publications, postage, and shipping	<u>SDEN, UT</u>	. السب	15		4,054
		16	Other expenses (describe in Schedule O)			16		10,694
		17	Total expenses. Add lines 10 through 16		▶	17		54,129
	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		- · · ·	18		8,273
	set	19	Net assets or fund balances at beginning of year (from line 27, colu	ımn (A)) (must ag	ree with			
	As		end-of-year figure reported on prior year's return)			19		73,477
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20		0
	Z	21	Net assets or fund balances at end of year. Combine lines 18 through		<u> ▶</u>	21		81,750
	For	Paper	work Reduction Act Notice, see the separate instructions.	Cat No 10642I			Form 990-EZ	

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-Orm:	390-EZ (2016)					Page Z
Pa	Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to an			· ·	<u> </u>
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· · · · · <u>·</u>	50,277	22	58,550
23	Land and buildings				23	0
24 25	Total assets			23,200 73,477		23,200
26	Total liabilities (describe in Schedule O)				26	81,750
27	Net assets or fund balances (line 27 of column		⊢	73,477	-	81,750
Par						
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	f its three largest p	rogram services.		nizations, optional for
	neasured by expenses in a clear and concise m				othe	rs)
pers	ons benefited, and other relevant information for ea	ich program title.	·			
28	The Greenwich Village Orchestra is a volunteer symp	hony orchestra, whi	ch offers professiona	l-level		
	performances to a diverse community throughout Ma			erform		
	six concerts, and two chamber concerts, to a combin					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	28a	54,129
29			·			
			· · · · · · · · · · · · · · · · · · ·	·		
	(Crosts &	includes feroign are	nata abaal bara	······································	20-	
30	(Grants \$) If this amount	includes foreign gra	ints, check here .	· · ·	29a	
30				·····		
						1
	(Grants \$) If this amount	includes foreign gra	ints, check here	• 🗇	30a	
31	Other program services (describe in Schedule O)			· · · · ·		
		includes foreign gra	ints, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	54,129
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated-see the in	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u> 🗆</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		ther compensation
			(if not paid, enter -0-)	deferred compensation	+-	
Amy	Norovich, President					_
		3	0		0	0
Barn	aby Kendall, Vice-President					
	Use and the second seco	3	0		<u> </u>	0
viax	Haggblom, Treasurer	2	o			0
loff I	Blye, Secretary	3	ļ		<u> </u>	
7611	nye, secretary	2	o		0	n
Barb	ara Yahr, Music Director		<u>-</u>		<u> </u>	
		12	12,000		o	0
					T	
.		į			1	
			ļ		1	
					4-	
						
					-	
					+-	
					İ	
		i	l	I	1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36_		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		ļ ,	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	!	, [
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_	√
41	List the states with which a copy of this return is filed ▶ New York			
42a		917-82	2-6502	2
	Located at ► PO Box 573, New York NY ZIP + 4 ►	10014		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	,)	▶ ∐
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		√

Page	4

							Yes	No
	id the organization engage, direct							
	candidates for public office? If "\		Part I	· · ·	<u> </u>	- 46		
Part VI			47 401 1				e 1:	
	All section 501(c)(3) organiz	zations must answer que	estions 47-49b and	52, and co	omplete the	e tables	or iin	es
	50 and 51.	- d O-l dul- O t		Al D //				_
	Check if the organization use	ea Scheaule O to respond	to any question in	this Part VI		·		· [
47 0	and the execution and the lab	buses actuation as bound	anation EO1(b) planti	on in offeet	during the	tov [-	Yes	No
	old the organization engage in lob ear? If "Yes," complete Schedule		section 50 (iii) election	on in ellect	during the	I	i	,
•	•	•		 		47	+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	the organization a school as described the organization makes and trans-						+-	V
	old the organization make any trans			ization?.		. 49a	+	V /
	res, was the related organization of the organization complete this table for the organization of the orga			 her than offi	cers directo			d kev
	mployees) who each received mor							
	mpleyess, mis cash received me		T		h benefits,			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		s to employee	(e) Estimat		
		devoted to position	(Forms W-2/1099-MISC)		and deferred	other cor	npensa	tion
None		 		 				
								 -
		·		1				
				1				
	·							
				1				
f To	otal number of other employees p	aid over \$100,000 .	▶0					
51 C	Complete this table for the organization	zation's five highest comp	ensated independen	t contractor	s who each	received	l more	than
\$	100,000 of compensation from th	e organization. If there is n	one, enter "None "					
	(a) Name and business address of each in	ndependent contractor	(b) Type of ser	rvice	(c)	Compensat	ion	
					ļ			
None								
			 		 			
			 		 			
			 		 			
			 		 			
		**						
d T	otal number of other independent	contractors each receiving	Lover \$100,000	—	·	0		
	olar namber of other independent	_		anizatione r				
	ompleted Schedule A	chedule A! Note: All Se				. ► ☑ Yes	s 🗇	No
	alties of perjury, I declare that I have examin	ed this return, including accompar	oving schedules and statem	ents and to th				
	ct, and complete Declaration of preparer (of						,	
	1 11/11	222		T T	10/16/	A		
Sign	Signature of officer			Da	te			
Here	Max Haggblom, Treasurer							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf PTIN		
Prepar	er				self-employ	,		
Use Or				Fir	m's EIN ▶			
	Firm's address ▶			Ph	one no			
May the I	IRS discuss this return with the pr	eparer shown above? See	instructions)	► □ Yes	s 🗀 i	Nο

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

2016

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Inspection

iree	nwi	ich Village Orchestra					13-33	49320
	rt l		rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
he	orga	anization is not a private founda	tion because it is	s' (For lines 1 through	12, che	ck only or	ne box)	_
1		A church, convention of church	nes, or associati	on of churches descr	ibed in s e	ection 17	′0(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3		A hospital or a cooperative hos	spital service org	janization described i	n sectio i	170(b)(⁻	1)(A)(iii).	
4] A medical research organization						(iii). Enter the
		hospital's name, city, and state	∍.	•				
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	or operate	ed by a government	al unit described in
6		A federal, state, or local govern	nment or govern	mental unit described	ın secti	on 170(b))(1)(A)(v).	
7		An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\Box	A community trust described in		•	Part II \			
9		An agricultural research organi			-	orated in	conjunction with a l	and-arent college
J		or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10	✓	An organization that normally r receipts from activities related support from gross investment	to its exempt ful	nctions—subiect to c	ertaın ex	ceptions.	and (2) no more that	n 331/3% of its
		acquired by the organization at	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11		An organization organized and						
12		An organization organized and						
		of one or more publicly suppo	_		•		•	
		Check the box in lines 12a thro	-			_	•	_
á	1	Type I. A supporting organ	•	-	-			
		the supported organization					the directors or trust	ees of the
		supporting organization Yo	_					
ŀ)							
		control or management of to organization(s). You must o				e persons	that control or man	age the supported
(;	Type III functionally integrates supported organization(s						ally integrated with,
(1	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s
		that is not functionally integ requirement (see instruction						d an attentiveness
6	•	Check this box if the organ functionally integrated, or T						e II, Type III
f	F	Enter the number of supported of		nonany intograted out	oporting .	or gar iizat		
		Provide the following information	-	orted organization(s).				• [
		Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	•••	,, ,	` ` '	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
A)								
								
3)								
C)			1					
))								· · · · · · · · · · · · · · · · · · ·
_								
Ξ)						<u></u> _		
ote	1					1		

					1/41/2 1 /		···
Part							
	(Complete only if you checked th						alıfy under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(-)	(-,	(3/23)	(4) = 1	(3,	
•	membership fees received. (Do not						
	include any "unusual grants")		{		[
_				ļ	 	 	
2	Tax revenues levied for the	i	}	1	ł	}	}
	organization's benefit and either paid						
	to or expended on its behalf .			ļ		<u> </u>	
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		1				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support	<u> </u>					
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	·					
8	Gross income from interest, dividends,						
U	payments received on securities loans,		[ĺ		
	rents, royalties and income from similar						
	sources			1		}	
_	•						
9	Net income from unrelated business		J	j		,	
	activities, whether or not the business					1	
	is regularly carried on						
10	Other income Do not include gain or			1			
	loss from the sale of capital assets						
	(Explain in Part VI.)			1			
11	Total support. Add lines 7 through 10	·					
12	Gross receipts from related activities, etc	(see instruction	ons)	1		12	L
13	First five years. If the Form 990 is for the				. or fifth tay w		n 501(a)(3)
13	organization, check this box and stop he i	-					
					<u> </u>	<u> </u>	
	on C. Computation of Public Suppor					,,	
14	Public support percentage for 2016 (line 6	• •	-	1, column (f))		14	%
15	Public support percentage from 2015 Sch					15	<u>%</u>
16a	331/3% support test-2016. If the organi					31/3% or more,	check this
	box and stop here. The organization qual	lifies as a publ	icly supported	organızation			. ▶ 🔲
b	331/3% support test-2015. If the organize	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
170	10%-facts-and-circumstances test-20	116 If the ora	anization did n	ot check a ho	v on line 12 1	6a or 16b and	d line 14 is
17 a							
	10% or more, and if the organization me Part VI how the organization meets the "						
	•	iacis-anu-circ	umstances te	•	•	•	
	organization		•			·	· · ► 📋
þ	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fac	ts-and-circum:	stances" test.	The organizati	ion qualifies as	a publicly
	supported organization						▶ 🛛
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b. chec	k this box and	
	instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Casti	an A Dublic Connect	andor the tot	oto notou pot	in, piodos co	The lotter is direct		
	on A. Public Support	(-) 0040	(1-) 0010	(-) 004.4	(-1) 004.5	(-) 0010	(O. T-4-)
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees]					
•	received (Do not include any "unusual grants")	28,537	21,699	32,712	38,960	41,597	<u>163,505</u>
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	7,915	13,049	15,311	14,387	23,749	74,411
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	اه	o	o	o	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	ol	o	ol	o	0	0
5	The value of services or facilities						
·	furnished by a governmental unit to the					1	
	organization without charge			0	0	0	0
6	Total. Add lines 1 through 5	0	0	0	52.247	0 0	227.016
7a	Amounts included on lines 1, 2, and 3	36,452	34,748	48,023	53,347	65,346	237,916
ı a	received from disqualified persons .						
	, ,	1,950	5,805	5,900	10,100	6,700	30,455
p	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	10,000	0	0	0	0	10,000
	Add lines 7a and 7b	11,950	5,805	5,900	10,100		40,455
8	Public support. (Subtract line 7c from						
	line 6.)						197,461
	on B. Total Support				···		
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	36,452	34,748	48,023	53,347	65,346	237,916
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources .	75	55	55	58	64	307
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	0	o	o	0
С	Add lines 10a and 10b	75	55	55	58	64	307
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ		,	
	or not the business is regularly carried on	o	o	o	o	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	}	J	j		ļ	
	(Explain in Part VI)	o	o	o	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
•	and 12.)	36,527	34,803	48,078	53,405	65,410	238,530
14	First five years. If the Form 990 is for the						501(c)(3)
	organization, check this box and stop he	_			=		• • • • • • • • • • • • • • • • • • •
Secti	on C. Computation of Public Suppor				<u> </u>		
15	Public support percentage for 2016 (line 8			3 column (fl)		15	82 7 %
16	Public support percentage from 2015 Sch		-			16	
	on D. Computation of Investment Inc			· · · · · ·		101	<u>76 5 %</u>
17	Investment income percentage for 2016 (I			line 12 colum	n (fl)	17	0.1.0/
18	Investment income percentage for 2016 (Investment income percentage from 2015		• •		,	18	01%
	33 ¹ / ₃ % support tests—2016. If the organi						01 %
19a	17 is not more than 33½%, check this box						
						_	_
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b			-			
20	Private foundation. If the organization du	d not check a h	oox on line 14	19a or 19b cl	neck this box :	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	Nο
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a		4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 (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? 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 .			
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.	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 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.)	10h		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.	Ĺ	
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		L
0000	on b. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3	<u> </u>	
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (caa in	etrict	ione)
С	The organization supported a governmental entity. Describe in Fait Vi now you supported a government entity (300 111	<u>-</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		į	;
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			!
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
٠b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>	ļ	<u> </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		l
3 Other gross income (see instructions)	3		<u></u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8_		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		Ser man	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		Grafferds.	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		ļ
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	}	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7.		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		The second secon	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	7 - A	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, · · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3.	4	F 3 44 5 78	
5 Income tax imposed in prior year	5	1 -6 19 19 23 10 1 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	WT OF THE STATE OF	
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish or			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015 .			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013 .			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

			_
P:	30	e	В

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Greenwich Village Orchestra	13-3349320
Part I 8, Other revenue program advertisement, interest on savings account	
Part I 16, Other expenses music and equipment rental, license fees, insurance, supplies	
Part II 24, Other assets musical instruments, music stands, chairs	
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