OMB No 1545-0047 **Short Form** Form 990-EZ Return of Organization Exempt From Income Tax 2020 Under-section-501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **Open to Public** ▶ Do not enter social security numbers on this form, as it may be made public. Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.g v/F r m990EZ for instructions and the latest information. 20 A For the 2020 calendar year, or tax year beginning 2020, and ending C Name of organization D Employer identification number B Che k if appli able Address hange Greenwich Village Orchestra 13-3349320 Room/suite E Telephone number Name hange Number and tree t (or P O box if mail is not delivered to street address) Initial return 917-822-6502 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption ()7 Amended return Number ▶ New York NY 10014 Appli ation pending H Check ► ☐ if the organization is not Accounting Method Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) - 7 501(c)(3) 501(c) ((insert no) ☐ 4947(a)(1) or ☐ Association Other ☐ Trust Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 44,309 2 2 Program service revenue including government fees and contracts 0 3 3 Membership dues and assessments . 0 4 4 Investment income 0 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 0 Gaming and fundraising events. Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less, direct expenses from gaming and fundraising events . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 7a Less. cost of goods sold b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c С 0 8 8 Other revenue (describe in Schedule O) 211 RECEIVED Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 44,520 10 10 Grants and similar amounts paid (list in Schedule O) 0 OCT 2 0 2021 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 31,594 13 13 Professional fees and other payments to independent contract 2,550 14 14 Occupancy, rent, utilities, and maintenance 779 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 6,700 17 Total expenses. Add lines 10 through 16 17 41,628 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 2,892 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on eBMyearis return) 19 156,184 20 20 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 18 through 20 21 159.076 For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 106421 Form 990-EZ (2020)

Form	990-EZ (2020)									Page 2
Pa	rt II Balance S	Sheets (see the instructions	for Part II)							
	Check if th	ne organization used Schedule	O to respond to a					<u>. </u>	<u> </u>	<u> </u>
	•		•		(A) B	eginning of			(B) End o	of year
22	Cash, savings, a	and investments				13	2,984	22		135,876
23	Land and buildir							23		0
24	Other assets (de	scribe in Schedule O) .					3,200			23,200
25	Total assets					15	6,184			159,076
26	Total liabilities	(describe in Schedule O)						26		0
27		und balances (line 27 of column					6,184	27		159,076
Pai		t of Program Service Accom								
	Check if th	ne organization used Schedule	O to respond to a	ny question in this f	Part	Ш.	. 🗆] , [Expen	
Wha	it is the organization	n's primary exempt purpose?			Î			50	equire d for : 1(c)(3) and :	section 501(c)(4)
Desi	cribe the organizati	on's program service accompli	shments for each o	f its three largest or	ogra	ım servi	es.			, optional for
as r	neasured by exper	nses In a clear and concise m	anner, describe the	services provided	the	numbe	r of	oth	iers)	
		other relevant information for ea		•	1					
28	The Greenwich Villa	age Orchestra is a volunteer symp	phony orchestra which	h offers professional	leve	l concert				
		diverse community throughout Ne								
		ts and two chamber concerts to a								
	(Grants \$		includes foreign gra		†			28	а	41,628
29	,						1			
						[-	
					†		1			
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here	†	▶		29	a	
30	<u> </u>		<u> </u>	<u> </u>					1	
					†					
					†					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here		>	Ħ	30	a	
31		vices (describe in Schedule O)					丁	i –	1	
	(Grants \$		includes foreign gra	ints, check here .		. ▶	Н	318	a	
32		rvice expenses (add lines 28a t	through 31a)		. 1	1		32		41,628
		ers, Directors, Trustees, and Key			ensa	rted – see	tre i			
		ne organization used Schedule					. " . "			\Box
			I .	(c) Reportable) Health ber	nefits,	Ť		
	(a)	Name and title	(b) Average hours per week							d amount of
-	(2)		devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)		enefit plans			other comp	bensation
Dara	bra Vahr Musia Dira	enter		(, , , , , , ,						
Dara	bra Yahr, Music Dire	ctor	12	14 550				0		0
	- Carollan Cupanitura	Disastes	12	14,550				-		
Jaso	n Smoller, Executive	Director		5 167				0		
	D	A and A street Freezewicz Description	8	5,167				U		0
Geo	rge Presiden	t and Acting Executive Director		2 222						•
	1 . W de H. W D.		4	3,333				0		0
Barn	aby Kendall, Vice Pr	esident								
	<u> </u>		3	0				<u> </u>		0
Jeir	Blye, Secretary									
			3	0				<u> </u>		0
Max	Haggblom, Treasure	r	_	_						
			3	, 0				0		0
Eric	Mahl, Associate Con	ductor, Manager						İ		
			3	7,100				<u> </u>		0
								\bot		
			l	i				- 1		

k

ABC

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		<u>, </u>
			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		✓
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	24		,
05-	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		V
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		,
		35a 35b		V
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 was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		V
С	reporting, and proxy tax requirements during the year? If "Yes!" complete Schedule C, Part III	250		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		V
30	during the year? If "Yes," complete applicable parts of Schedule N	36		/
270	Eater amount of political expenditures, direct or indirect, as described in the instructions ► 37a	30		<u> </u>
	Did the organization file Form 1120-POL for this year?	37b		_/
-38a	Did the organization porrow from, or make any loans to, any officer, director, trustee, or key employee; or were			<u> </u>
	any such loans made in a prior year and still dutete ding at the end of the tax year covered by this return? .	38a	_	$\overline{}$
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	000		<u> </u>
39	Section 501 (c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 50 (c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
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, br 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	1		
	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 she ter			
	transaction? If "Yes," complete Form 8886-T	40e	ll	✓
41	List the states with which a copy of this return is filed ► New York			
42a	-1	917-82		
	Located at ► PO Bok 573, New York ZIP + 4 ►	10014	-0573	
—	-At-any-time during the calendar year, did the ofganization have an interest in or a signature or other authority over a financial account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	420		
	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?	42c		√
•	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Flagu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
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		✓
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		<u>_</u>	
	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	ŀ		
	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	L	✓

Р	an	6	4

Form **990-EZ** (2020)

	,	/								
46	Old th	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c	ampaign activities	on behal	f of or in c	pposit	ion 46	Yes	No
Part V		Section 501(c)(3) Organizations		, rairi	<u> </u>	-:	•	- 40		V
. a.v		All section 501(c)(3) organizations 50 and 51.		stions 47-49b ai	nd 52, ar	nd compl	ete the	e tables	for lin	es
		Check if the organization used Sch	nedule O to respond	to any question	in this Pa	rt VI .				
									Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec 		ffect durin		1		
48 I	s the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," comple	ete Sched	ule E .		. 48		✓
		ne organization make any transfers to			anızatıon?	·	•	. 49a		√
bl	f "Ye	s," was the related organization a se	ction 527 organization	on?			al	49t		d kov
50 (Comp	olete this table for the organization's byees) who each received more than	\$100 000 of compen	sated employees (asation from the or	otner thai roanizatio	n officers,	is none	e, enter "	None '	iu key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) contrib	Health bene outlons to em plans, and d compensation	fits, ployee leferred	(e) Estimat	ed amo	unt of
None										
										
							1			
				-						
				<u> </u>						
		number of other employees paid ove		-	0					
		plete this table for the organization's 000 of compensation from the organ			ent contra	actors who	o each	received	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Compensa	tion	
None										
		•								

				<u> </u>						
				<u> </u>			_			
		number of other independent contra			▶)		
		he organization complete Schedu leted Schedule A	le A? Note: All se	ction 501(c)(3) o	rganizatio	ns must		a ► ✓ Ye	s 🗌 I	No
Under per true, corre	nalties ect, and	of perjury, I declare that I have examined this red d complete Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and stat rmation of which prepa	tements, and rer has any	to the best knowledge	of my kn	owledge an	d belief,	ıt ıs
		11/a 11000								
Sign Here	Signature of officer Max Haggblom, Treasurer Date Oct 11, 766					1, 200	1			
		Type or print name and title								
Paid Propa	,,,	Print/Type preparer's name	Preparer's signature		Date		ieck 🗌 If-employ	of PTIN		
Prepa Use O		Firm's name ▶				Firm's EIN	√ ►			
Firm's address ▶ Phone no										
	. IDC	discuse this return with the preparer	ahour ahoua? Caa i	notriiotiono				► □ Va		NIA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

ΖU

Total

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection mployer identification number Name of the organization **Greenwich Village Orchestra** 13-3349320 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college di university. An organization that normally receives (1) more than 33/3% 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 33½% of its support from gross investmendindome 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 Par III) An organization organized and operated exclusively to test for public safety \$ee section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box-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 col(Froi 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-functionall2 integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

z uD

Part	Support Schedule for Organization (Complete only if you checked to						
	Part III. If the organization fails to						
Secti	on A. Public Support			,			7
Calen	dar 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")				•		
2	Tax revenues levied for the organization'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	may 1/25 p.m. edit 1 m. 1 m. ed.	sha 425 f3 Plan S lon J	e Tean on this or Asther Bath	100 500 to 100 t	1 () 1 21 15 (c. 4d)	
	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 fr m line 4	and the state of t					
	on B. Total Support	hartennakala malindan tara	n ettilereniverides Harlanica a.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	En en alacem statable en	Leader Charles and angeronal	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(g) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8 ·	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				-	,	,
	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	権のとくとは割	是一个的,不是是不是是是是 [m. 可可证据] 。		。""到,可以外,""自然的意思。 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	描描篇学的种外	
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the	, -	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		· · ·		• • •		
	on C. Computation of Public Suppo Public support percentage for 2020 line			11		14	. %
14 15	Public support percentage for 2020 line Public support percentage from 2019 Sc			i i, coluinii (i))		15	. %
16a	331/3% support test—2020. If the organ				 nd line 14 is 33		
	box and stop here. The organization qua						▶ □
b							
17a	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
b							
18	Private foundation. If the organization	did not check	a box on line	: 13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
	instructions						> 🗆

Page 3 Schedule A (Form 990 or 990-EZ) 2020 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.) Section A. Public Support (c) 2018 (d) 2019 (e) 2020 (f) Total (a) 2016 (b) 2017 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees deceived. (Do not include any "unusual grants.") 50,089 126,441 44,309 306,171 41,597 43,735 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 . . . 18,4<u>61</u> 84,338 23,749 26,261 15,867 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to of expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the 5 organization without dharge. 0 Total. Add lines 1 through 5. 65.346 69,996 68,550 142,308 44,309 390,509 7a Amounts included on lines 1, 2 and 3 received from disqualified persons 6,700 10,025 8,775 6,375 39,200 7,325 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 of 1% of the amount on line 13 for the year 0 Add lines 7a and 7b 6,700 7,325 10.025 8,775 6,375 39,200 Public support. (Subfract line 7d from line 6) 351,309 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 6 69,996 68,550 390,509 65,346 142,308 44,309 10a Gloss income from interest, dividends payments received on securities loans, rents, royalties, and income from similar sources . 76 89 204 211 644 64 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975 . 0 c Add lines 10a and 10b 76 64 89 204 211 644 Net income from unrelated business activities not included in line 10b, whether or-not-the-business-is regularly carried on 0 Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI) 0 Total support. (Add lines 9, 10c, 11, 13 and 12.) . 391,153 65,410 70,072 68,639 142,512 44.520 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 898 % Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . 15 89 1 % Public support percentage from 2019 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . 17 02% 17 Investment income percentage from 2019 Schedule A, Part III, line 17 01% 18 18 331/3% support tests - 2020. If the organization_did_not_check the_box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☑ b 331/3% support tests = 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

_20

Schedu	ule A (Form 990 or 990-EZ) 2020			Page 4
Part	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, , and E. If you checked box 12d, Part I, complete Sections A and , and complete ion A. All Supporting Organizations	rt I, c	ompl	
Secti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If dsi gnated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	100	
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 suppo u.tz organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below	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	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below			
b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С		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?			_
-	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		

2uD

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.

c 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 bofit@est? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below

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

9b

9с

10a

10b

	e A (Form 990 or 990-EZ) 2020		1	Page 5
Part	V Supporting Organizations (continued)		r	I
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		-
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 1/a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		,	
'			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ļ		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	[
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	İ		
	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 opra ted,			
	supervised, or dontrolled the supporting organization			
Costi	on C. Type II Supporting Organizations	2		
Section	on C. Type it Supporting Organizations	-	Yes	No
			162	140
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	į	,-	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
Section	on b. An Type in oupporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Porm 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			•
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
Ū	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		
Section	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 in	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete ine 3 below.			
—-с-	——The-organization-supported-a-governmental-entity Describe in Part-VI-how you supported a governmental entity (see in	struct	ions)
2	Activities Test Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one of more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	 		İ
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		··
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
- ===	of its supported organizati ons? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (explions must complete Sect	lain in Part VI). See tions A through E
Sect	ion A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	·	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			-
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	-	,	I.
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount		-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	l 	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	rting organization
	(see instructions)			

Sect	ion D-Distributions	of Supporting Organi	izations (continued	4)	Current Year
		····	,	_	,
1	Amounts paid to supported organizations to accomplish	exempt purposes	ortod	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	ried	2	• ,	
	Administrative expenses paid to accomplish exempt purp	some of supported orga	inizations	3	,
3	Amounts paid to acquire exempt-use assets	ooses of supported orga	IIIZALIOIIS	4	 -
5	Qualified set-aside amounts (prior IRS approval required-	nrovide details in Part	W	5	 -
- 5	Other distributions (describe in Part VI). See instructions.		,	6	· · · · · · · · · · · · · · · · · · ·
- 7	Total annual distributions. Add lines 1 through 6			7	1
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.	. •		8	,
9	Distributable amount for 2020 from Section C, line 6	<u>·</u>		9	
10	Line 8 amount divided by line 9 amount			10	
		(1)	(ii)		(iii)
Sect	on E—Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
	•		Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				r
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI) See		,		
	instructions				
3	Excess distributions carryover, if any, to 2020			ĮĘ.	
a	From 2015	等等,这个产生的工作。		鹤	
<u>b</u>	From 2016				
С	From 2017			強	
d	From 2018			ME.	n, de d'in de la capter de la capte de la
<u>e</u>					
f	Total of lines 3a through 3e	Illian senso can erwonere treduktanten sestetaden		CHI:	Friend Control of Cont
<u>, g</u>	Applied to underdistributions of prior years	The Tanglan Company of the Martin Company of the Company	and souther they all bude there it in a	Juli v	
<u>h</u>	Applied to 2020 distributable amount	以中國共產黨等等於第四次企業的有益		NA.	naratur Kabbahasah dan Kababata
<u>i</u>	Carryover from 2015 not applied (see instructions)			HIP THE	
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f	unis cultinamen in ettari, hekettel, sindamettalista	CHROLEGAM EMBERGERADA BURKE AND BOT BREETERS LILE		igeneralista (berlehin 1944). Berletari dan Kongresi (berlehin ber
4	Distributions for 2020 from Section D, line 7 \$				
		land gryng kring rogelyn oldel, champeller gebect far Labe mare Cheminologian mae riffinger ia damiller	7 1882年,1955年,1965年第二日 (1984年) 1987年 1	rices.	enternationalist estatement contration
<u>· а</u> b	Applied to underdistributions of prior years Applied to 2020 distributable amount			hā:	ին ԵՐ կրմուրը դերը հանցի կանին գ Մավիկել, հա
	Remainder Subtract lines 4a and 4b from line 4.	digner arrived the sold is used to the latter distribution of	Parket in the control of the control	rigi	
5	Remaining underdistributions for years prior to 2020, if		PARTON CALL WITH APPLICATION AND COMMENSAGE AND ARREST ARREST	tShee	
5	any Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	D de distribute of few 0000. Code to a Administration of the	AND SECTION AND SECTION OF THE SECTI		(-75) (1.5)	1 - 10 3 cc
Ū	and 4b from line 1. For result greater than zero, explain in				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				•
7	Excess distributions carryover to 2021. Add lines 3j	Tay or provide the grantering of the market		ω,	建制品,从代刊的配置
-	and 4c.			M	
8	Breakdown of line 7.				
_	Excess from 2016				
. b	Excess from 2017		PROPERTY FAMILIES AND A TON PER		
С	Excess from 2018			뷀	
d	Excess from 2019			挪	
е	Excess from 2020				

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 , 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 , 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.)
	······································
	,
	·
	•
	, ,
•	

SCHEDULE 0 (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 info

Department of the Treasury

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
Greenwich Village Ord	hestra	13-3349320
Part I 8, Other revenue	Interest from savings account	
Part I 16, Other expens	ses: Sheet music and equipment rental, license fees, insurance policies, supplies	
Dort II 24 Other Accet	c. Mucical instruents, music stands, lights	
Part II 24, Other Asset	s Musical instruents, music stands, lights.	
	,	
*		
		,
		·
	•	
		: