



200 Valley Road, Suite 300 Mt. Arlington, NJ 07856 973.298.8500

11 Lawrence Road Newton, NJ 07860 973.383.6699

nisivoccia.com

Independent Member BKR International

PUBLIC INSPECTION COPY

EXTENDED TO MAY 17, 2021

(Rev. January 2020)

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

Open to Public Inspection

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending $\overline{J}\overline{U}N$ 30, 2020 JUL 1, 2019 A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change THE DISCOVERY ORCHESTRA, INC. Name change 22-2822802 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 973-379-2200 120 MORRIS AVENUE termin-ated 377,960. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ SUMMIT, NJ Amended return 07901 H(a) Is this a group return Applica-F Name and address of principal officer: VIRGINIA JOHNSTON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.DISCOVERYORCHESTRA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1987 M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 110 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 <u>42</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 439,897. 332,968. Contributions and grants (Part VIII, line 1h) Revenue 1,720. 9,594. Program service revenue (Part VIII, line 2g) 1,929. 3,566. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,695. 12,649. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 456,115. 350,903. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 191,689. 258,868. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 105,503. 252,545. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 297,192. 511,413. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -160,510. 158,923. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 204,103. 326,118. 20 Total assets (Part X, line 16) 12,876. 51,371. 21 Total liabilities (Part X, line 26) Net/ 313,242. 152,732. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVID A. WILLIAMS, CPA, TREASURER Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature CHRIS PERROTTA, CPA CHRIS PERROTTA, CPA 02/02/21 P01450368 Paid self-employed Firm's EIN > 22-1914888 Firm's name NISIVOCCIA LLP Preparer Firm's address 200 VALLEY RD. SUITE 300 Use Only Phone no. (973) 328-1825 MT. ARLINGTON, NJ 07856

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 7,310 • including grants of \$) (Revenue \$ 2,173 •)

le Total program service expenses

414,701.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	TIE	21	
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\vdash
izu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

D 11/		of Required	O a la a alcel a a	/
Part IV	LINACKIICT	AT REALITED		(continuod)
I GILIA	Olicckiist	oi i icuali ca	ocificadies	(COHUHUEU)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٥,	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Should be sometime a response of note to any into in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) THE DISCOVERY ORCHESTRA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 110							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x				
	any contributions that were not tax deductible as charitable contributions?		6a		Λ				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х					
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5						
Ū	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х				
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	ı ı							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	المدا							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11h							
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZU						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remune								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				17				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Гант	990	(0010)				

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									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	0 , 0									
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 appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37							
a	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v						
	taxable entity during the year?	16a		X						
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-								
800	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17 10	List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501(c))(3)	le on!	() OVO:1	able						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	is orlly	j avall	aule						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial							
IJ	statements available to the public during the tax year.	u iiiidi	icial							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	VIRGINIA JOHNSTON - 973-379-2200									
	120 MORRIS AVENUE, SUMMIT, NJ 07901									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					iioai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	inan is bot or/trus	h an	compensation	compensation	amount of
	week	_	cer ar	iu a u	recid	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru		yee	ımbei		(** = **** = **** = ***		and related
	below	/id ual	Institutional trustee	-e	Key employee	lest co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) STEPHEN REYNOLDS	4.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(2) RACHEL WEINBERGER	2.00								_	
SECRETARY		Х		Х				0.	0.	0.
(3) DAVID A. WILLIAMS	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(4) BRIAN BRAYTENBAH	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(5) SANDRA BRADDY-HALL	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(6) CAITLIN HAUGHEY	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(7) SUSAN HEAD	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(8) MARY HORN	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(9) VIRGINIA JOHNSTON	28.00								_	
EXECUTIVE DIRECTOR				Х				34,848.	0.	19,502.
		<u> </u>		<u> </u>			_			
		_		<u> </u>	<u> </u>		_			
										- 000

Part VII Section A. Officers, Directors (A)	(B)	T			C)			(D)	(E)			(F)	
Name and title	Average hours per week	box,	not c , unle	Posi heck ss pe	itior more	than is bot or/trus	h an	Reportable compensation from	Reportable	compensation			ed of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	S	com fr org and	other other other of the other of the other othe	e ion ed
	line)	Indiv	Insti	Officer 0	Keye	High	Form						
		\exists											
		-											
		-											
		H											
		\prod											
1b Subtotal		Ш						34,848.		0.	1	9,5	
c Total from continuation sheets to d Total (add lines 1b and 1c)							>	34,848.		0.			
Total number of individuals (including compensation from the organization	-	nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportabl	е			(
3 Did the organization list any former of			•		•		•					Yes	No X
 line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater that 	the sum of reportab	le co	omp	ensa	atior	n and	d oth	•	the organization		4		X
Did any person listed on line 1a rece rendered to the organization? If "Yes	ive or accrue compe	nsati	ion f	rom	any	y uni	elat		idual for services		5		Х
Section B. Independent Contractors	,			·									
Complete this table for your five high the organization. Report compensation.	•	•							•	pens	sation 1	from	
	A) siness address	NC	ONI	3				(B) Description of s	services	C	(C Compe		n
							-						
2 Total number of independent contra		not lir	mite	d to		^	sted	d above) who received m	nore than				
\$100,000 of compensation from the	organization >					0							

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lin			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		332,968.			
			DROGRAM ADMIGGIONG	Business Code	1 720	1 720		
ice	2	а	PROGRAM ADMISSIONS	711130	1,720.	1,720.		
Program Service Revenue		b c d e f	All other program service revenue					
			Total. Add lines 2a-2f		1,720.			
	3	<u>9</u>	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond p	est, and	3,559.	11,493.		3,559.
	5		Royalties		11,493.	11,453.		
		b c	Gross rents 6a 6b Rental income or (loss) 6c	(ii) Personal				
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
ne		b	assets other than inventory Less: cost or other basis and sales expenses 7b 27,064.					
Revenue		С	Gain or (loss) 7c 7.					
Re			Net gain or (loss)		7.			7.
Other			Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18 8a Less: direct expenses 8b	>				
			Gross income from gaming activities. See	,				
			Part IV, line 19 9a Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	·				
_			Net income of (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	a b	MISCELLANEOUS OTHER IN	711300	1,156.	1,156.		
eve		c						
Aisc Re			All other revenue					
2			Total. Add lines 11a-11d		1,156.			
	12		Total revenue. See instructions		350,903.	14,369.	0.	3,566.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F.4. CO.0	20 004	12 675	10 020
	trustees, and key employees	54,698.	30,084.	13,675.	10,939
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.60 117	142 006	14 000	11 000
7	Other salaries and wages	169,117.	143,006.	14,202.	11,909
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 5/5	17 /05	619.	111
9	Other employee benefits	18,545. 16,508.	17,485.		1 496
10	Payroll taxes	10,508.	13,041.	1,981.	1,486
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,900.	250.	8,400.	250
С.	Accounting	0,900.	250.	0,400.	450
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	43,635.	31,516.	11 264	755
	column (A) amount, list line 11g expenses on Sch O.)	3,911.	3,911.	11,364.	155
12	Advertising and promotion	13,577.	8,386.	2,537.	2,654
13	Office expenses	13,377.	0,300.	2,337.	2,034
14	Information technology				
15	Royalties	18,384.	17,296.	793.	295
16	Occupancy	10,304.	11,290.	195.	295
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,324.	1,324.	+	
		11,198.	5,531.	5,667.	
23 24	Other expenses. Itemize expenses not covered	,	3,331.	3,001.	
24	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 0.)				
а	PRODUCTION FEES	126,549.	126,486.		63
a b	OTHER EXPENSES	7,930.	6,579.	1,131.	220
C	PRINTING AND GRAPHIC DE	7,167.	3,855.	898.	2,414
d	DUES AND SUBSCRIPTIONS	5,564.	2,100.	3,364.	100
	All other expenses	4,406.	3,851.	317.	238
25	Total functional expenses. Add lines 1 through 24e	511,413.	414,701.	64,948.	31,764
26	Joint costs. Complete this line only if the organization	-,	-,::20	. , , = = = =	,-3-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form 990 (2019

<u>Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X	·····		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			85,208.	1	178,050
	2	Savings and temporary cash investments			221,599.	2	
	3	Pledges and grants receivable, net			7,002.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8				2,675.	8	2,399
ä	9	Prepaid expenses and deferred charges			5,659.	9	21,003
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,989.			
	b	Less: accumulated depreciation	10b	19,338.	3,975.	10c	2,651
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	326,118.	16	204,103		
	17	Accounts payable and accrued expenses			12,876.	17	14,261
	18	Grants payable				18	
	19	Deferred revenue		19	7,750		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
≝		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D			0.	25	29,360
	26	Total liabilities. Add lines 17 through 25			12,876.	26	51,371
,		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			135,166.	27	152,732
l Ba	28	Net assets with donor restrictions			178,076.	28	0
oun		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
r F		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	s			29	
sel	30	Paid-in or capital surplus, or land, building, or				30	
. As	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			313,242.	32	152,732
	33	Total liabilities and net assets/fund balances			326,118.	33	204,103

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				03.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				13.	
3	Revenue less expenses. Subtract line 2 from line 1	3				10.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		313	3,2	42.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		L52	2,7	32.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	:,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit	\neg			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		l l	3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 DISCOVERY ORCHESTRA, INC. 22-2822802 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.) 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: 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ′	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	412,884.	470,826.	308,643.	439,897.	332,968.	1,965,218.
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		1=0				
4	Total. Add lines 1 through 3	412,884.	470,826.	308,643.	439,897.	332,968.	1,965,218.
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)						520,095.
	Public support. Subtract line 5 from line 4.						1,445,123.
	ction B. Total Support	•	-		•		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 308, 643.	(d) 2018 439,897.	(e) 2019 332, 968.	(f) Total
	Amounts from line 4	412,884.	470,826.	308,643.	439,897.	332,968.	1,965,218.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4.5	1.0	0.45	2 402	15 050	10 855
	and income from similar sources	17.	16.	247.	3,423.	15,052.	18,755.
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.)						4 000 000
	Total support. Add lines 7 through 10		,				1,983,973. 95,466.
12	Gross receipts from related activities,					[12]	95,400.
13	First five years. If the Form 990 is for				•		. □
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (column (f))		14	72.84 %
	Public support percentage from 2018					15	75.09 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū					*
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` '	``	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
_			1				
5	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organia	zation
.~	check this box and stop here	•			•	. , . ,	
Se	ction C. Computation of Publ						/
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	
	•					17	0/
	Investment income percentage for 20 Investment income percentage from 2						<u>%</u>
	a 33 1/3% support tests - 2019. If the						
198							17 15 1101
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his hox and see in	nstructions	

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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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 an interest? 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 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
100		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	(STIMILES)		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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
	71 11 0 0		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		
Sec	tion C. Type II Supporting Organizations			
	and or type in capper and 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		
Sec	tion 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			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orga	nizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions							
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2019

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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 t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Example from 2010			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE DISCOVERY ORCHESTRA TNC. **Employer identification number** 22-2822802

Pai	t I Organizations Maintaining Donor Advised	<u> </u>	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization of	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	\$		a v . v . v = v a
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	thar Similar Assats
rai	Complete if the organization answered "Yes" on Form		the Sillia Assets.
10	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
Id	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan		·
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in farti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS	•	ga, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

	t III Organizations Maintaining O	Collections of A				or Othe	r Simila	r Asse	ts/contin	ued)
3	Using the organization's acquisition, accessi								•	
	collection items (check all that apply):	ion, and other record	.0, 011001	it diriy or tiro	ronoving tha	it mano on	grimodric	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
а										
	Scholarly research	e								
b		е		Other						
C	Preservation for future generations	-11	41	6 41 4		1		i- D	+ V/III	
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit of								٦.,	<u> </u>
Da	to be sold to raise funds rather than to be m								_ Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	'Yes" on I	orm 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on F							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10	٥.			
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	ront year and balance	o (lino 1	a column (a)) hold as:					
	Board designated or quasi-endowment	rent year end baland	%	g, coluitii (ajj Heiu as.					
	Permanent endowment	%								
		% %								
С		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	The percentages on lines 2a, 2b, and 2c sho	-								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	e organiza	ation	г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I\	V, line 11a. S	See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o			t or other		cumulated	d	(d) Book	value
		basis (investr	nent)	basis	(other)	depr	reciation			
	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment			2	21,989.		19,33	8.	2	2,651.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)				2	2,651.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE DISCOVE.	RY ORCHESTRA,	TNC	22-2822802 _{Page}
Part VII Investments - Other Securities.	ti onombini,	11101	22 2022002 Fage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(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"		e 11d. See Form 990, Part X, lir	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	÷ 15.)		
	on Form 000 Dort IV line	11 11 11 C F 000 D-	ort V. line OF
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e TTE or TTT. See Form 990, Pa	(b) Book value
11 (7) 1 7			(b) Book value
(1) Federal income taxes (2) REFUNDABLE ADVANCE			29,360
(-7			29,360
(3)			
(4)			
(5)			

29,360. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(6) (7) (8)

9,204.

2e

3

4c

Sche	edule D	(Form 990) 2019	THE	DISCO	VERY	ORCI	HESTRA,	INC.			22-	2822802	Page 4
	rt XI	Reconciliation of	of Reve	nue per	Audite	d Fina	ncial State	ements W	ith Reve	enue per l			
		Complete if the orgar		_						•			
1	Total	revenue, gains, and ot									1	360	,107
2		unts included on line 1											
а		nrealized gains (losses			,	,		2a					
b		ted services and use o								9,204			
С		veries of prior year grai											
d		(Describe in Part XIII.)											
е								-			2e	9	,204
3	Subtr	ract line 2e from line 1									3	350	,903
4		unts included on Form											
а		tment expenses not in						4a					
b		(Describe in Part XIII.)											
											4c		0
5	Total	revenue. Add lines 3 a	nd 4c. (Ti	his must eq	ual Form	990, Pa	rt I, line 12.)				5	350	,903
Pa	rt XII	Reconciliation of	of Expe	nses per	r Audite	ed Fina	ancial Sta	tements V	Vith Exp	enses pe	r Retu	ırn.	
		Complete if the organ	nization a	nswered "Y	es" on F	orm 990), Part IV, line	12a.					
1	Total	expenses and losses p	er audite	ed financial	statemer	nts					1	520	,617
2	Amou	unts included on line 1	but not o	n Form 990), Part IX,	, line 25:							
а	Donat	ted services and use o	f facilities	S				2a		9,204	•		
		year adjustments											
С		losses								·			
ч	Othor	(Describe in Part VIII.)						34					

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

Other (Describe in Part XIII.) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

PART X, LINE 2:

TDO IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREBY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. TDO IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT FOR PROFIT ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT HAS STATED THAT ALL REQUIRED INFORMATIONAL TAX RETURNS HAVE BEEN FILED AND REGISTRATION FEES HAVE BEEN PAID.

TDO FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY

Schedule D (Form 990) 2019

THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE POSITIONS.

TDO DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED JUNE 30, 2020. HOWEVER, TDO IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES INCLUDING A REVIEW OF ITS NONPROFIT STATUS, WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. TDO BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED EACH YEAR.

AS REQUIRED BY LAW, TDO FILES INFORMATIONAL RETURNS WITH BOTH FEDERAL AND NEW JERSEY STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM CRI-300R WITH THE STATE. TDO IS SUBJECT TO EXAMINATIONS AT ANY TIME WITHIN CERTAIN STATUTORILY DEFINED PERIODS FROM THE LATEST FILING DATE FOR FEDERAL AND FOR NEW JERSEY.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

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

Employer identification number 22-2822802 THE DISCOVERY ORCHESTRA, INC.

Pai	rt I Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de	etermin	•	
		applicable		Form 990, Part VIII, line	noncash contribu	ution ai	mount	.S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	27,11	7.FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization completed Form 828		•					
	for which the organization completed Form 828	oo, Part IV,	Donee Acknowled	gement 29			Yes	No
202	During the year did the organization receive by	, contributio	on any proporty ro	ported in Part I lines 1 th	ough 28, that it		res	No
Sua	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
h	If "Yes," describe the arrangement in Part II.					30a		<u> </u>
31	Does the organization have a gift acceptance p	nolicy that r	equires the review	of any nonstandard cont	ributions?	31		Х
	Does the organization have a gift acceptance plant by Does the organization hire or use third parties of							
02a	-		-	· · ·		32a		х
b	contributions? If "Yes," describe in Part II.					JZ4		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is	checked.			
-	describe in Part II.	2.3.1 (0) 10	, po oi propert	, .sa.				
						_		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE DISCOVERY ORCHESTRA, INC.

Employer identification number 22-2822802

FORM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION: THE DISCOVERY ORCHESTRA, INC. ("TDO") IS A NOT-FOR-PROFIT CORPORATION WHOSE MISSION IS TEACHING THE LISTENING SKILLS THAT HELP PEOPLE EMOTIONALLY CONNECT WITH CLASSICAL MUSIC. FOR OVER 20 YEARS, ARTISTIC DIRECTOR GEORGE MARRINER MAULL AND THE DISCOVERY ORCHESTRA HAVE OFFERED BREAK THROUGH' CLASSICAL MUSIC EXPERIENCES TO STUDENTS, TEACHERS AND THE PUBLIC, FROM CLASSICAL FANS TO THE CLASSICAL-CURIOUS, TO HELP THEM 'LISTEN BETTER.' LIVE PROGRAMS IN CONCERT HALLS, SCHOOLS, COMMUNITY CENTERS AND PRIVATE HOMES SUPPLEMENT MEDIA PROGRAMS ON PUBLIC TELEVISION, RADIO, DVDS AND THE INTERNET. ALL PROGRAMS EMPLOY THE METHODOLOGY OF NOTICING MUSICAL DETAIL TO HEIGHTEN ENJOYMENT AND UNDERSTANDING OF THE PIECES BEING EXPLORED. THE ORCHESTRA HAS TRANSFORMED THE LISTENING EXPERIENCE FOR MILLIONS IN THE U.S. AND ABROAD AND HAS RECEIVED THREE EMMY NOMINATIONS AND TEN TELLY AWARDS FOR ITS FIVE PUBLIC TELEVISION PRODUCTIONS TO DATE, DISTRIBUTED BY AMERICAN PUBLIC TELEVISION. ITS REGULAR PUBLIC RADIO PROGRAM, INSIDE MUSIC, PRODUCED IN PARTNERSHIP WITH WWFM THE CLASSICAL NETWORK, IS BROADCAST TWICE MONTHLY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRIBUTIONS WERE RECEIVED TO FUND THE 'DISCOVER THE FIREBIRD'

PRODUCTION IN THE PRIOR FISCAL YEAR 2019, WHICH WERE UTILIZED TO COVER

PRODUCTION AND POST-PRODUCTION EXPENSES DURING THE CURRENT FISCAL YEAR.

THUS, THERE WAS A PLANNED REDUCTION IN RESTRICTED CASH BALANCES WHICH

CAUSED THE DECREASE IN NET ASSETS OF \$160,510 DURING FISCAL YEAR 2020.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

34

Name of the organization THE DISCOVERY ORCHESTRA, INC.

Employer identification number 22-2822802

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTIMATE AFTERNOON PROGRAM USED TO TEACH LISTENING SKILLS THAT HELP PEOPLE EMOTIONALLY CONNECT WITH CLASSICAL MUSIC.

EXPENSES \$ 7,310. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,173.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DISCOVERY ORCHESTRA, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE

ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE

THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990

HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE

INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE

ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE

GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE

FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH

MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE

ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ANNUAL CONFLICTS OF INTEREST STATEMENTS FROM ALL COVERED MEMBERS. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL STAFF AND MEMBERS OF THE BOARD OF TRUSTEES. SHOULD ANY POTENTIAL CONFLICT OF INTEREST ISSUE ARISE, APPROPRIATE STAFF AND TRUSTEES ACT UPON THE ISSUE ON A TIMELY AND REASONABLE BASIS TO RESOLVE THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A "BOARD REVIEW OF COMPENSATION COMMITTEE" THAT

REVIEWS THE COMPENSATION DATA EACH SPRING, THEN RECOMMENDS COMPENSATION

THE DISCOVERY ORCHESTRA, INC.	22-2822802
PACKAGES FOR THE EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR	FOR FULL BOARD
APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	FINANCIAL
STATEMENTS ARE ALWAYS AVAILABLE TO THE PUBLIC AT THE DISC	OVERY ORCHESTRA
INC.'S OFFICE LOCATED AT 120 MORRIS AVENUE, SUMMIT, NJ 07	901, OR BY
REQUEST. IN ADDITION THE 990 IS POSTED ON THE ORGANIZATIO	N'S WEBSITE
WWW.DISCOVERYORCHESTRA.ORG AS WELL AS GUIDESTAR.ORG.	
FORM 990, PART XII, LINE 2C EXPLANATION:	
THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.	
FORM 990, PART V, LINE 2A EXPLANATION:	
THIS FIGURE INCLUDES FIVE REGULAR STAFF MEMBERS. THE REST	OF THE
EMPLOYEES ARE MUSICIANS WHO PERFORM OCCASIONALLY THROUGHO	UT THE SEASON.