

Return of Organization Exempt From Income Tax

2021

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01 , 2021, and ending 06-30 , 2022																																			
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ORCHESTRA LUMOS INC</td> <td>D Employer identification number 06-6100039</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (203) 325-1407</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">263 TRESSER BLVD</td> <td rowspan="2">G Gross receipts \$ 2,092,247</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06901</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3">J Website: ▶ https://orchestralumos.org</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1977 M State of legal domicile: CT</td> </tr> </table>	C Name of organization ORCHESTRA LUMOS INC		D Employer identification number 06-6100039	Doing business as		E Telephone number (203) 325-1407	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	263 TRESSER BLVD		G Gross receipts \$ 2,092,247	City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06901		F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions			H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ https://orchestralumos.org			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: CT
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF ORCHESTRA LUMOS IS TO BRING THE TRANSFORMATIONAL IMPACT OF GREAT MUSIC TO OUR AUDIENCE THROUGH PASSIONATE, PROFESSIONAL PERFORMANCES OF THE HIGHEST CALIBER, DIVERSE AND INNOVATIVE PROGRAMMING, AND INSPIRING EDUCATIONAL INITIATIVES. THE ORCHESTRA PRESENTS A		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	2
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,439,246	Current Year 1,623,130
	9	Program service revenue (Part VIII, line 2g)	138,842	192,474
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,392	182,443
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,818	89,571
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,824,298	2,087,618
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	729,024	1,110,099
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	168,116	16,500
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 106,734		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	534,707	827,790
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,431,847	1,954,389	
19	Revenue less expenses. Subtract line 18 from line 12	3,392,451	133,229	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,979,136	End of Year 4,591,882
	21	Total liabilities (Part X, line 26)	188,202	406,982
	22	Net assets or fund balances. Subtract line 21 from line 20	4,790,934	4,184,900

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.

Sign Here	RUSSELL JONES Signature of officer	Date
	RUSSELL JONES, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOHN J VISCONTI	Preparer's signature	Date 12-01-2022	Check <input type="checkbox"/> if self-employed	PTIN P00027180
	Firm's name ▶ VISCONTI & ASSOCIATES, PC	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 444 FOXON ROAD EAST HAVEN CT 06513			203-865-2927	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF ORCHESTRA LUMOS IS TO BRING THE TRANSFORMATIONAL IMPACT OF GREAT MUSIC TO OUR AUDIENCE THROUGH PASSIONATE, PROFESSIONAL PERFORMANCES OF THE HIGHEST CALIBER, DIVERSE AND INNOVATIVE PROGRAMMING, AND INSPIRING EDUCATIONAL INITIATIVES. THE ORCHESTRA PRESENTS A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,327,073 including grants of \$ _____) (Revenue \$ 175,321)
See SERVICES page for a description of this program service.

4b (Code: _____) (Expenses \$ 202,363 including grants of \$ _____) (Revenue \$ 17,153)
See SERVICES page for a description of this program service.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 1,529,436**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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 83		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b
10	Section 501(c)(7) organizations. Enter:			
a	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:			
a	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.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a
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		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15 X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16 X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Connecticut
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> RUSSELL JONES (203)325-1407, 263 TRESSER BLVD, STAMFORD, CT 06901

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL JONES PRESIDENT & CEO	40.00			X			180,000	0	3,600	
(2) MARILYN PUDER YORK BOARD MEMBER	1.00	X					0	0	0	
(3) KEITH REYNOLDS BOARD MEMBER	1.00	X					0	0	0	
(4) STEVEN C PARRISH BOARD MEMBER	1.00	X					0	0	0	
(5) ALAN MCINTYRE BOARD MEMBER	1.00	X					0	0	0	
(6) KATHERINE MICHELE BOARD MEMBER	1.00	X					0	0	0	
(7) HELENA YOON BOARD MEMBER	1.00	X					0	0	0	
(8) MARK SMITH BOARD MEMBER	1.00	X					0	0	0	
(9) DALE TODARO BOARD MEMBER	1.00	X					0	0	0	
(10) EMMANUEL SAOUNATSOS BOARD MEMBER	1.00	X					0	0	0	
(11) CAROL SPINNER BOARD MEMBER	1.00	X					0	0	0	
(12) TOMAS HAENDLER BOARD MEMBER	1.00	X					0	0	0	
(13) DANIEL JOHNSON BOARD MEMBER	1.00	X					0	0	0	
(14) JULIET H FORRESTER BOARD MEMBER	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)SAM ABERNETHY BOARD MEMBER	1.00	X						0	0	0
(16)PHILIP FARESE BOARD MEMBER	1.00	X						0	0	0
(17)DR. ERIC KUNG BOARD MEMBER	1.00	X						0	0	0
(18)WILLIAM LEACH BOARD MEMBER	1.00	X						0	0	0
(19)JOHN JOVE BOARD MEMBER	1.00	X						0	0	0
(20)DANIEL KOHN BOARD MEMBER	1.00	X						0	0	0
(21)STEPHEN ALPERT VICE CHAIR	1.00	X		X				0	0	0
(22)MICHAEL MAYONE TREASURER	1.00	X		X				0	0	0
(23)PENNY YOUNG SECRETARY	1.00	X		X				0	0	0
(24)THOMAS HERBIG CHAIR	1.00	X		X				0	0	0
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								180,000	0	3,600

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,141,842				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	481,288				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f ▶		1,623,130				
Program Service Revenue			Business Code				
	2a SUBSCRIPTIONS/BOX OFFIC	711130	179,374	179,374			
	b CONTRACT FEES	711130	13,100	13,100			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		192,474					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		182,443			182,443	
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss) ▶						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		94,200				
		b Less: direct expenses	8b	4,629			
		c Net income or (loss) from fundraising events ▶		89,571		89,571	
9a Gross income from gaming activities, See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue			Business Code				
	11a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			2,087,618	192,474	0	272,014	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	180,000	135,000	12,127	32,873
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	930,099	849,406	68,894	11,799
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	16,500			16,500
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	164,278		138,982	25,296
12	Advertising and promotion	96,535	96,535		
13	Office expenses	27,929	6,669	14,470	6,790
14	Information technology				
15	Royalties				
16	Occupancy	52,125	52,125		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	483		483	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,045		4,045	
23	Insurance	20,755		20,755	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	OTHER PRODUCTION COSTS	45,241	45,241		
b	CONTRACT SERVICES	218,758	181,533	37,225	
c	PRINTING AND PUBLICATIONS	19,933	19,534	399	
d	SERVICE FEES	26,097	24,792	1,305	
e	All other expenses _____	151,611	118,601	19,534	13,476
25	Total functional expenses. Add lines 1 through 24e.	1,954,389	1,529,436	318,219	106,734
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	110,230	1	173,243
	2 Savings and temporary cash investments	2,280,203	2	2,605,212
	3 Pledges and grants receivable, net	586,652	3	1,745,206
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,945,925	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,415	9	61,202
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	117,583		
	b Less: accumulated depreciation	110,564	10c	7,019
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,979,136	16	4,591,882	
Liabilities	17 Accounts payable and accrued expenses	49,742	17	137,996
	18 Grants payable		18	
	19 Deferred revenue	3,185	19	268,986
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	135,275	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	188,202	26	406,982
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,056,101	27	838,095
	28 Net assets with donor restrictions	3,734,833	28	3,346,805
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,790,934	32	4,184,900
33 Total liabilities and net assets/fund balances	4,979,136	33	4,591,882	

Part 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	2,087,618
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,954,389
3	Revenue less expenses. Subtract line 2 from line 1	3	133,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,790,934
5	Net unrealized gains (losses) on investments	5	(739,263)
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	4,184,900

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	x	

**SCHEDULE A
(Form 990)**

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

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

ORCHESTRA LUMOS INC

06-6100039

Part I 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,055,310	962,431	1,166,490	4,439,246	1,623,130	9,246,607
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	1,055,310	962,431	1,166,490	4,439,246	1,623,130	9,246,607
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						9,246,607

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,055,310	962,431	1,166,490	4,439,246	1,623,130	9,246,607
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,143	46,909	23,659	146,392	182,443	446,546
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7,521	43,006	5,584			56,111
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,373	625	1,475			5,473
11 Total support. Add lines 7 through 10						9,754,737
12 Gross receipts from related activities, etc. (see instructions)					12	1,485,424
13 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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.79 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.26 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 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 are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 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 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section 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? <i>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 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.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>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	
Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

01. Other income (Part II, line 10 or Part III, line 12)

OTHER INCOME: 2017 \$3,373; 2018 \$625; 2019: \$1,425; 2020 \$0; 2021 \$0

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (ORCHESTRA LUMOS INC) and Employer identification number (06-6100039)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ORCHESTRA LUMOS INC	Employer identification number 06-6100039
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARYANN AND JAY CHAI 86 WINTHROP DRIVE RIVERSIDE CT 06878	\$ 112,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CT DEPARTMENT OF ECONOMIC AND COMMU 1 CONSTITUTION PLAZA 2ND FL HARTFORD CT 06103	\$ 105,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JENIAM FOUNDATION PO BOX 3128 NEWTOWN CT 06470	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR & MRS ALAN MCINTYRE 42 HOLLY LANE DARIEN CT 06820	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MR & MRS STEVEN PARRISH 273 SAUGATUCK WESTPORT CT 06880	\$ 150,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEAN GODOWN 122 PALMERS HILL ROAD UNIT 1135 STAMFORD CT 06902	\$ 83,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ORCHESTRA LUMOS INC	Employer identification number 06-6100039
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CT HUMANITIES 100 RIVERVIEW CENTER SUITE 290 MIDDLETOWN CT 06457	\$ 73,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	M.L.E. FOUNDATION PO BOX 147 NEW CANAAN CT 06840	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SBA PPP 409 3RD STREET WASHINGTON DC 20416	\$ 135,275	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SBA SVOG 409 3RD STREET WASHINGTON DC 20416	\$ 876,067	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ORCHESTRA LUMOS INC

06-6100039

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	538,986	446,868	455,532	432,424	303,841
b Contributions		5,000	5,000	2,500	138,125
c Net investment earnings, gains, and losses	(62,588)	107,118	6,336	40,628	10,458
d Grants or scholarships					
e Other expenditures for facilities and programs	20,000	20,000	20,000	20,000	20,000
f Administrative expenses					
g End of year balance	456,398	538,986	446,868	455,552	432,424

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 17.05 %
 - b** Permanent endowment ▶ 28.80 %
 - c** Term endowment ▶ 54.15 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----------|
| (i) Unrelated organizations | 3a(i) | x |
| (ii) Related organizations | 3a(ii) | x |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,500	6,500	
d Equipment		111,083	104,064	7,019
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,394,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	(739,263)	
b	Donated services and use of facilities	2b	43,750	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,629	
e	Add lines 2a through 2d	2e	(690,884)	
3	Subtract line 2e from line 1		3	2,085,419
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,199	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	2,199	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,087,618

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,000,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	43,750	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,629	
e	Add lines 2a through 2d	2e	48,379	
3	Subtract line 2e from line 1		3	1,952,190
4	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	4a	2,199	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	2,199	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,954,389

Part XIII Supplemental Information.

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.

01. Endowment funds intended uses (Part V, line 4)

THE ORCHESTRA'S ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PROGRAMS.

Part XIII Supplemental Information (continued)

02. Other revenues not included on Form 990 (Part XI, line 2d)

FUNDRAISING EXPENSES NETTED TO REVENUE 4,629

03. Other expenses not included on Form 990 (Part XII, line 2d)

FUNDRAISING EXPENSES NETTED TO REVENUE 4,629

04. Footnote for uncertain tax position under FIN 48 (Part X)

ORCHESTRA LUMOS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORCHESTRA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORCHESTRA IS NOT SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAX JURISDICTIONS FOR THE PERIODS PRIOR TO 2019.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ORCHESTRA LUMOS INC

Employer identification number

06-6100039

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NANCY KINGSTON	GRANT SPECIALIST					
2 SALISBURY POINT 1E NY			X		16,500	(16,500)
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					16,500	(16,500)

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Connecticut

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	94,200		94,200
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	94,200		94,200
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,629		4,629
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				89,571

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ORCHESTRA LUMOS INC

06-6100039

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	x x
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	x x
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	x
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RUSSELL JONES PRESIDENT & CEO	(i)	180,000	0	0	3,600	0	183,600	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

ORCHESTRA LUMOS INC

Employer identification number

06-6100039

01. Form 990 governing body review (Part VI, line 11)

THE CEO AND THE AUDIT COMMITTEE OF THE ORGANIZATION WILL REVIEW THE FORM 990 PRIOR TO
CIRCULATING IT TO THE GOVERNING BODY (BOARD MEMBERS) TO ENSURE THAT IT WILL CORRECTLY
REFLECT ALL ACTIVITIES AND POLICIES OF THE ORGANIZATION. AFTER THE AUDIT COMMITTEE'S
REVIEW, THE FORM 990 WILL BE CIRCULATED TO THE GOVERNING BODY. ANY QUESTIONS, SUGGESTIONS
OR CONCERNS FROM ANY BOARD MEMBER WITH RESPECT TO THE FORM 990 WILL BE ADDRESSED BY A
MEMBER OF THE AUDIT COMMITTEE PRIOR TO THE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

ANY OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES ARE REQUIRED TO DISCLOSE WHEN THEY COME
ONTO THE BOARD OF DIRECTORS OR ARE HIRED ANY CONFLICT OF INTEREST THEY MAY HAVE FOR ANY
MATTER THAT COMES BEFORE THE BOARD OF DIRECTORS. ANNUALLY, A CONFLICT OF INTEREST
DISCLOSURE STATEMENT WILL BE COMPLETED AND REVIEWED. ANY CONFLICTS ARE REVIEWED BY THE
BOARD MEMBERS WITHOUT A CONFLICTING INTEREST. THE PERSON WITH THE CONFLICT MAY NOT VOTE ON
THE TRANSACTION; HOWEVER, THEY MAY BE PRESENT TO ANSWER QUESTIONS. THE BOARD SECRETARY
WILL DOCUMENT THE BOARD'S DECISION AND THE BASIS FOR THEIR DETERMINATION IN THE MINUTES TO
THE MEETING.

03. Other officer or key employee compensation (Part VI, line 15b)

THE PRESIDENT/CEO'S BASE COMPENSATION IS SUBJECT TO REVIEW EACH FISCAL YEAR. HIS/HER
SALARY IS GENERALLY INCREASED IN LINE WITH THE COST-OF-LIVING INCREASE GRANTED TO THE SSO
FULL-TIME STAFF; HOWEVER, THE PRESIDENT/CEO WILL BE ELIGIBLE TO EARN AN ANNUAL PERFORMANCE
BONUS TO THE EXTENT THAT HE/SHE MEETS AND EXCEEDS GOALS AGREED UPON IN ACCORDANCE WITH THE
PROCEDURES SET FORTH BELOW. EARLY IN EACH FISCAL YEAR, THE PRESIDENT/CEO MEETS WITH THE
BOARD CHAIR AND THE CHAIR OF THE PERSONNEL COMMITTEE TO AGREE UPON THE PRESIDENT/CEO'S

Name of the organization

ORCHESTRA LUMOS INC

Employer identification number

06-6100039

PERFORMANCE OBJECTIVES FOR THE COMING YEAR. GOALS ARE BOTH QUALITATIVE AND QUANTITATIVE.

THE PRESIDENT/CEO'S PERFORMANCE IS REVIEWED BY THE BOARD CHAIR AND THE CHAIR OF THE

PERSONNEL COMMITTEE AFTER THE END OF EACH FISCAL YEAR, AT WHICH TIME, THE PERSONNEL

COMMITTEE MEETS TO DETERMINE WHETHER PAYMENT OF A BONUS TO THE PRESIDENT/CEO IS

APPROPRIATE AND, IF SO, THE AMOUNT OF THE BONUS. THE AMOUNT OF THE PRESIDENT/CEO'S

RECOMMENDED BONUS AND THE AMOUNT OF THE COST OF LIVING INCREASE GRANTED TO THE

PRESIDENT/CEO AND ALL OTHER MEMBERS OF THE SSO FULL TIME STAFF IS PRESENTED TO THE BOARD

FOR APPROVAL AT AN EXECUTIVE SESSION AT WHICH ONLY BOARD MEMBERS ARE PRESENT AND AT WHICH

THE PRESIDENT/CEO IS NOT PRESENT.

04. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER

SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUESTSTAR.ORG AND OTHER

SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST

POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT

263 TRESSER BLVD, STAMFORD, CT 06901 OR BY CALLING THE ORGANIZATION DIRECTLY AT

203-325-1407.

05. Audited by an independent accountant (Part XII, line 2b)

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS

FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

06. List of other fees for services expenses (Part IX, line 11g)

MISCELLANEOUS: 20,904 PROGRAM, 10,014 MANAGEMENT & GENERAL, 10,424 FUNDRAISING, TOTAL

41,342; GUEST ARTIST: 49,321 PROGRAM, TOTAL 49,321; OTHER PRODUCTION PERSONNEL: 45,977

PROGRAM, TOTAL 45,977; DUES & SUBSCRIPTIONS: 2,399 PROGRAM, 2,399 MANAGEMENT & GENERAL,

Name of the organization ORCHESTRA LUMOS INC	Employer identification number 06-6100039
--	---

TOTAL 4,798; RENT: 5,772 MANAGEMENT & GENERAL, 2,474 FUNDRAISING, TOTAL 8,246; UTILITIES:
1,349 MANAGEMENT & GENERAL, 578 FUNDRAISING, TOTAL 1,927

07. General explanation attachment

PART I MISSION STATEMENT CONTINUED

SUBSCRIPTION SERIES AT STAMFORD'S PALACE THEATRE AS WELL AS CHAMBER CONCERTS FEATURING MEMBERS OF THE ORCHESTRA AND HOLIDAY AND OTHER SPECIAL PROGRAMS.

FORMERLY KNOWN AS STAMFORD SYMPHONY, THE ORGANIZATION CHANGED ITS NAME TO ORCHESTRA LUMOS IN MAY, 2022 TO REFLECT ITS GROWING REACH TO ALL SEGMENTS OF FAIRFIELD COUNTY'S DIVERSE POPULATION.

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return ORCHESTRA LUMOS INC	Business or activity to which this form relates FORM 990 - 1	Identifying number 06-6100039
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,045

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,045
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ORCHESTRA LUMOS INC	Taxpayer identification number (TIN) 06-6100039
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 263 TRESSER BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD CT 06901	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **RUSSELL JONES, 263 TRESSER BLVD STAMFORD CT 06901**

Telephone No.▶ **203-325-1407** FAX No.▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box. . . . ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05-15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 07-01, 20 21, and ending 06-30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning **07-01**, 2021, and ending **06-30**, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

ORCHESTRA LUMOS INC

06-6100039

Name and title of officer or person subject to tax

RUSSELL JONES, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,087,618</u>
2a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here. . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5).	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c).	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1).	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19).	9b	_____
10a	Form 8038-CP check here . . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize VISCONTI & ASSOCIATES, PC to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 11-14-2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

063110 54321
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 12-01-2022

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments**2021** PG01

Name(s) as shown on return

Your Social Security Number

ORCHESTRA LUMOS INC

06-6100039

Form 990-Part III(a)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$1327073
Grants and allocations included in above expense	\$0
Program Services Revenue	\$175321

Explanation

WHILE THE PANDEMIC CONTINUED TO PRESENT OBSTACLES DURING THE 2021-22 SEASON, THE ORCHESTRA RETURNED TO LIVE PERFORMANCE WITH CONCERTS AT STAMFORD'S PALACE THEATRE AND IN COMMUNITY VENUES IN STAMFORD AND NEIGHBORING COMMUNITIES INCLUDING THE FISH CHURCH IN STAMFORD, THE STAMFORD MUSEUM AND NATURE CENTER, FIRST PRESBYTERIAN CHURCH OF NEW CANAAN, WESTPORT LIBRARY, AND STAMFORD LIBRARY. THE FIRST SUBSCRIPTION CONCERT SINCE THE COVID-19 SHUTDOWN IN MARCH, 2020 TOOK PLACE AT THE PALACE THEATRE IN NOVEMBER, WHEN THE ORCHESTRA PRESENTED FOR JUSTICE AND PEACE, WHICH INCLUDED A WORK BY AFRICAN AMERICAN COMPOSER XAVIER FOLEY MARKING THE 400 YEARS OF SLAVERY WITH THE ARRIVAL OF THE SLAVE SHIP, "WHITE LION" IN JAMESTOWN. THE SUBSCRIPTION SEASON INCLUDED AN ADDITIONAL SEVEN CONCERTS AT THE PALACE THEATRE FEATURING SPECIAL GUESTS SUCH AS VINCE GIORDANO AND THE NIGHTHAWKS, THE YOUNG CELLIST NICHOLAS CANELLAKIS, AND WORLD-RENOWNED VIOLINIST PINCHAS ZUKERMAN. THE FINAL CONCERT OF THE SEASON IN MAY INCLUDED A PERFORMANCE OF PICTURES AT AN EXHIBITION, THE LARGEST WORK THE ORCHESTRA HAS EVER PERFORMED. THE ORCHESTRA PRESENTED TWO CONCERTS FOR THE HOLIDAY SEASON-THE ONLINE PREMIERE OF AN EVENING OF KLEZMER, WHICH FEATURED MUSIC AND CONVERSATIONS WITH ORCHESTRA AND KLEZMER MUSICIANS FROM AROUND THE WORLD - INCLUDING GRAMMY AWARD-WINNER BRANFORD MARSALIS - AND THE RETURN OF OUR POPULAR HOLIDAY BRASS CONCERTS AT STAMFORD TOWN CENTER

Statement of Program Service Accomplishments**2021** PG01

Name(s) as shown on return

Your Social Security Number

ORCHESTRA LUMOS INC

06-6100039

Form 990-Part III(b)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$202363
Grants and allocations included in above expense	\$0
Program Services Revenue	\$17153

Explanation

ORCHESTRA LUMOS IS DEEPLY COMMITTED TO OFFERING A BROAD RANGE OF OPPORTUNITIES TO ENRICH THE LIVES OF ALL MEMBERS OF OUR COMMUNITY THROUGH PARTICIPATION IN OUR PROGRAMS. OUR MUSIC EDUCATION ACTIVITIES ENCOURAGE YOUNG PEOPLE TO EXPLORE, APPRECIATE, PERFORM, AND CREATE MUSIC. FREE CONCERTS IN COMMUNITY VENUES ENABLE US TO REACH A BROAD AND DIVERSE CROSS-SECTION OF FAIRFIELD COUNTY RESIDENTS. THE HIGHLIGHT OF OUR WORK IN EDUCATION DURING THE 2021-22 SEASON WAS THE LAUNCH OF A NEW FIVE-YEAR STRATEGIC PLAN THAT WILL SIGNIFICANTLY EXPAND THE REACH OF OUR EDUCATION ACTIVITIES, WITH A GOAL OF REACHING A BROADER AND MORE DIVERSE CROSS-SECTION OF OUR COMMUNITY'S YOUTH. DESPITE THE CONTINUING IMPACT OF COVID-19 RESTRICTIONS, WE WERE ABLE TO INTRODUCE THE FIRST ACTIVITIES OF THE STRATEGIC PLAN BY DEVELOPING SEVERAL NEW PARTNERSHIPS, EXPANDING OUR WORK WITH CURRENT PARTNERS, AND FINDING CREATIVE SOLUTIONS FOR DEALING WITH LIMITATIONS ON IN-PERSON GATHERINGS IN BOTH SCHOOL AND COMMUNITY SETTINGS HIGHLIGHTS OF OUR EDUCATION AND COMMUNITY ACTIVITIES DURING 2021-22 SEASON INCLUDED: PUBLIC SCHOOL PARTNERSHIPS OUR COLLABORATIONS WITH STAMFORD PUBLIC SCHOOLS REMAINS STRONG, AND WE ALSO DEVELOPED NEW PARTNERSHIPS WITH OTHER SCHOOL DISTRICTS IN FAIRFIELD COUNTY. SINCE WE WERE UNABLE TO PRESENT IN-PERSON EDUCATION ACTIVITIES, WE CREATED AN INTERACTIVE VIDEO INTRODUCING THIRD GRADE STUDENTS TO JAZZ, SHARED WITH ALL PUBLIC SCHOOLS IN FAIRFIELD COUNTY AND REACHING OVER 3,000 STUDENTS. WE OFFERED INSTRUMENTAL "BOOTCAMPS" IN DARIEN PUBLIC SCHOOLS FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS, PRESENTED BY ORCHESTRA LUMOS MUSICIANS, TO HELP INDIVIDUAL STUDENTS WITH THEIR SKILLS AND TECHNIQUE. WE PRESENTED THE SECOND SEASON OF THE UNIQUE SERIES, A FOUR-CONCERT SERIES FOR STUDENTS WITH SPECIAL NEEDS IN STAMFORD PUBLIC SCHOOLS, OFFERED IN PARTNERSHIP WITH CONCORDIA CONSERVATORY. YOUTH MUSIC ORGANIZATIONS IN ADDITION TO OUR IN-SCHOOL ACTIVITIES, ORCHESTRA LUMOS HAS HAD THE OPPORTUNITY TO COLLABORATE WITH SEVERAL OF THE YOUTH MUSIC ORGANIZATIONS IN OUR AREA THAT WORK WITH STUDENTS WHOSE FAMILIES DON'T HAVE THE RESOURCES FOR PRIVATE MUSIC LESSONS OR ENSEMBLE EXPERIENCES. THESE PARTNERS INCLUDE PROJECT MUSIC, WHOSE MISSION IS TO USE THE TRANSFORMATIVE POWER OF MUSIC TO EFFECT POSITIVE SOCIAL CHANGE FOR THE STUDENTS MOST IN NEED OF ACCESS, OPPORTUNITY, AND INSPIRATION. THIS SEASON, OUR MUSICIANS OFFERED BOTH PRIVATE INSTRUCTION TO INDIVIDUAL STUDENTS AND MASTERCLASSES FOR SMALL GROUPS OF BEGINNING AND ADVANCED STUDENTS. THESE ACTIVITIES, ALONG WITH COMPLIMENTARY TICKETS TO ORCHESTRA LUMOS CONCERTS AT THE PALACE THEATRE REACHED OVER 150 PROJECT MUSIC STUDENTS AND FAMILIES. WE ALSO INAUGURATED A PARTNERSHIP WITH GREATER CONNECTICUT YOUTH ORCHESTRAS (GCTYO) THAT RESULTED IN A BRAND NEW CHAMBER PROGRAM FOR GCTYP STUDENTS. ORCHESTRA LUMOS MUSICIANS SERVED AS COACHES FOR THIS PROGRAM, CREATING FIVE NEW CHAMBER ENSEMBLES AND PREPARING THE YOUNG MUSICIANS FOR PERFORMANCES. WE WERE EXCITED TO WELCOME 25 STUDENTS INTO THE PROGRAM AND PRODUCE TWO CONCERTS ATTENDED BY APPROXIMATELY 200 STUDENTS AND THEIR FAMILIES. PUBLIC LIBRARIES PUBLIC LIBRARIES WILL BE A KEY PART OF ORCHESTRA'S EXPANSION ACROSS FAIRFIELD COUNTY AND WE WERE PROUD TO INTRODUCE A BRAND NEW MUSIC AND STORYTELLING PROGRAM FOR CHILDREN IN KINDERGARTEN THROUGH THIRD GRADE. THIS 30 MINUTE CONCERT PAIRS A CHILDREN'S BOOK SELECTED IN COLLABORATION WITH THE CHILDREN'S LIBRARIAN ALONG WITH A "SOUNDTRACK" TO THE BOOK PERFORMED BY ORCHESTRA LUMOS MUSICIANS. FAMILY FRIENDLY CONCERTS AND ACTIVITIES IN ADDITION TO ENGAGING CHILDREN THROUGH IN-SCHOOL AND COMMUNITY PROGRAMS, WE ARE COMMITTED TO OFFERING ACTIVITIES THAT CAN BE SHARED WITH THE ENTIRE FAMILY. THIS SEASON WE WERE DELIGHTED TO RETURN TO STAMFORD TOWN CENTER AND WELCOME FAMILIES TO OUR POPULAR HOLIDAY BRASS PROGRAM IN DECEMBER. IN APRIL, WE PRESENTED A FREE FAMILY CONCERT AT THE CARRIAGE BARN ARTS CENTER IN NEW CANAAN, DESIGNED FOR

Statement of Program Service Accomplishments

2021 02

Name(s) as shown on return

Your Social Security Number

ORCHESTRA LUMOS INC

06-6100039

Form 990, Part III (b) continued

Explanation (continued)

CHILDREN UNDER THE AGE OF TEN. WE WERE ALSO EXCITED TO BRING BACK MUSIKIDS-OUR PRE-CONCERT PROGRAM FOR YOUNG PEOPLE-AFTER A TWO-YEAR HIATUS DUE TO COVID-19.

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

ORCHESTRA LUMOS INC

06-6100039

Form 990-Part III(c)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$0
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

990

Overflow Statement

2021

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

ORCHESTRA LUMOS INC

FEIN

06-6100039

32

<u>Description</u>	<u>Amount</u>
TOTAL PROGRAM EXP	\$ 1,529,436
LESS PROGRAM 2	(202,363)
Total:	\$ <u>1,327,073</u>

<u>Description</u>	<u>Amount</u>
CHAMBER	\$ 15,670
EDUCATION	186,693
Total:	\$ <u>202,363</u>

<u>Description</u>	<u>Amount</u>
GRANTS	\$ 1,141,842
Total:	\$ <u>1,141,842</u>

OTHER REVENUE

<u>Description</u>	<u>Amount</u>
TB UNEARNED INCOME	\$ 1,755,329
LESS GOVT GRANTS	(1,141,842)
LESS GALA	(94,200)
LESS INKIND OCCUPANCY	(38,000)
ROUNDING	1
Total:	\$ <u>481,288</u>

<u>Description</u>	<u>Amount</u>
FS	\$ (559,019)
INVESTMENT FEES NETTED ON FS	2,199
UNREALIZED	739,263
Total:	\$ <u>182,443</u>

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Overflow Statement

2021

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

ORCHESTRA LUMOS INC

06-6100039

Description	Amount
FUNDRAISING INCOME	\$ 94,200
Total:	\$ 94,200

Description	Amount
GL 5635	\$ 4,629
Total:	\$ 4,629

Description	Amount
LESS EXECUTIVE DIRECTOR	\$ 984,406 (135,000)
Total:	\$ 849,406

Description	Amount
LESS EXECUTIVE DIRECTOR	\$ 81,021 (12,127)
Total:	\$ 68,894

Description	Amount
LESS EXECUTIVE DIRECTOR	\$ 44,672 (32,873)
Total:	\$ 11,799

Description	Amount
LESS FUNDRAISER	\$ 46,425
LESS INKIND	(4,629)
LESS 16500 NANCY 11E	(16,500)
Total:	\$ 25,296

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Overflow Statement

2021

Page 3

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

ORCHESTRA LUMOS INC

FEIN

06-6100039

<u>Description</u>	<u>Amount</u>
POSTAGE	\$ 6,669
Total:	\$ 6,669

<u>Description</u>	<u>Amount</u>
OFFICE EXPENSES AND SUPPLIES	\$ 11,522
POSTAGE	2,948
Total:	\$ 14,470

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 4,938
POSTAGE	1,852
Total:	\$ 6,790

<u>Description</u>	<u>Amount</u>
	\$ 52,125
Total:	\$ 52,125

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 20,904
GUEST ARTISTS	49,321
DUES/SUBSCRIPTIONS	2,399
OTHER PRODUCTION PERSONNEL	45,977
Total:	\$ 118,601

Overflow Statement

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

ORCHESTRA LUMOS INC

FEIN

06-6100039

Description	Amount
DUES/SUBSCRIPTIONS	\$ 2,399
UTILITIES/TELEPHONE	1,349
RENT	5,772
MISC	10,014
Total:	\$ 19,534

Description	Amount
RENT	\$ 2,474
UTILITIES/TELEPHONE	578
MISC	10,424
Total:	\$ 13,476

Description	Amount
	\$ 1,710,600
	(89,467)
	124,073
Total:	\$ 1,745,206

Description	Amount
	\$ 137,054
	942
Total:	\$ 137,996

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Description	Amount
	\$ 4,185,842
	(3,346,805)
	(942)
Total:	\$ 838,095

Overflow Statement

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

ORCHESTRA LUMOS INC

FEIN

06-6100039

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Description	Amount
STERN	\$ (62,588)
Total:	\$ <u>-62,588</u>

Description	Amount
FS REVENUE: TB 1,390,984 - INVEST FEES 2199 + 5750 AJE	\$ 1,394,535
Total:	\$ <u>1,394,535</u>

Description	Amount
DONATED ADS	\$ 5,750
DONATED FACILITIES	38,000
Total:	\$ <u>43,750</u>

Description	Amount
BIG PIC 2,004,231 + 5,750 IN KIND ADJ - 2,199 INV + 942	\$ 2,002,767
INVESTMENT FEES NETTED ON FS	(2,199)
ROUNDING	1
Total:	\$ <u>2,000,569</u>

Description	Amount
DONATED ADS	\$ 5,750
DONATED OCCUPANCY	38,000
Total:	\$ <u>43,750</u>

Description	Amount
FR EXP NET TO FR REVENUE	\$ 4,629
Total:	\$ <u>4,629</u>

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Overflow Statement

2021

Page 6

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

ORCHESTRA LUMOS INC

FEIN

06-6100039

Description

Amount

GL5635

\$ 4,629

Total: \$ 4,629

Description

Amount

SUBSCRIPTIONS/BOX OFFICE

\$ 179,374

Total: \$ 179,374

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

ORCHESTRA LUMOS INC

Tax ID Number

06-6100039

2% of the amount on Schedule A, Part II, line 11, column (f) 195,095

Name	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
SAM ABERNETHY				6,330		6,330	
STEPHEN ALPERT				26,500		26,500	
JAMES BARKER				10,000		10,000	
JOHN CANNING				21,025		21,025	
EDWARD DONOVAN				11,125		11,125	
ERNST & YOUNG LLP				15,000		15,000	
JULIET FORRESTER				116,000		116,000	
GARDEN HOMES FUND				10,000		10,000	
MR & MRS DEAN GODOWN				131,500		131,500	
EDWARD GREENBERG				5,000		5,000	
ROBERT HALL				10,000		10,000	
THOMAS HERBIG				7,500		7,500	
KAREN JOELSON				8,050		8,050	
DANIEL JOHNSON				5,000		5,000	
RUSSELL JONES				10,395		10,395	
JOHN JOVE				10,965		10,965	
KATE KELLY				5,000		5,000	
DANIEL KOHN				20,000		20,000	
WILLIAM LEACH				8,900		8,900	
MLE FOUNDATION				40,000		40,000	
WILLIAM MALONE				15,000		15,000	
LINDA MANDEL				7,100		7,100	
ROBERT MICHELE				10,000		10,000	
MR & MRS STEPHEN MILMAN				125,000		125,000	
PETER SACHS				30,400		30,400	
CAROL B SPINNER				25,000		25,000	
STAMFORD ROTARY TRUST				13,000		13,000	
THE GEORGE & JESSICA HARRIS FOUNDAT				5,000		5,000	
JUDITH UDELL				10,640		10,640	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

ORCHESTRA LUMOS INC

Tax ID Number

06-6100039

2% of the amount on Schedule A, Part II, line 11, column (f) 195,095

Name	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
UNCLE LARRY'S FUND				10,000		10,000	
MR & MRS JAMES WAUGH				12,000		12,000	
JOAN WEISMAN				20,000		20,000	
MR & MRS ROBERT WHITBY				5,000		5,000	
MR & MRS JAMES WINTER				7,500		7,500	
MR & MRS RICHARD WOODS				9,000		9,000	
CHRISTOPHER YORK & MARILYN PUDER-YO				10,000		10,000	
ROBERT YOUNG				10,000		10,000	

Total

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* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
(This page is not filed with the return. It is for your records only.)

2021
PAGE 1

Name(s) as shown on return

Social security number/EIN

ORCHESTRA LUMOS INC

06-6100039

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Leasehold Improvement	10311998	6,500		100.00			6,500	5		0	6,500		6,500	
2	Piano	04011993	3,500		100.00			3,500	5		0	3,500		3,500	
3	Office Equipment	11011999	1,050		100.00			1,050	5		0	1,050		1,050	
4	Steinway Piano	04182001	68,880		100.00			68,880	20		0	68,880		68,880	
5	Computer	05072004	7		100.00			7	3		0	1,147		1,147	
6	Computer server	01222008	7,083		100.00			7,083	5		0	7,083		7,083	
7	Software	12012007	7,886		100.00			7,886	5		0	7,886		7,886	
8	Cello Chair	08232013	2,179		100.00			2,179	5		0	2,179		2,179	
9	Folding Chairs	10162017	3,877		100.00			3,877	5	SL HY	20	2,714	775	3,489	775
10	Tz400 Router	11152018	1,620		100.00			1,620	3	SL HY	33.333	1,350	270	1,620	270
11	Website	11252019	15,000		100.00			15,000	5	SL HY	20	4,250	3,000	7,250	3,000
Totals			117,582					117,582				106,539	4,045	110,584	4,045

Land Amount
Net Depreciable Cost

117,582

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

4,045

ST ADJ:

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

ORCHESTRA LUMOS INC

06-6100039

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Leasehold Improvements	10-31-1998	6,500	SL	5	
PRG	1	Piano	04-01-1993	3,500	SL	5	
PRG	1	Office Equipment	11-01-1999	1,050	SL	5	
PRG	1	Steinway Piano	04-18-2001	68,880	SL	20	
PRG	1	Computer	05-07-2004	7	SL	3	
PRG	1	Computer server	01-22-2008	7,083	SL	5	
PRG	1	Software	12-01-2007	7,886	SL	5	
PRG	1	Cello Chair	08-23-2013	2,179	SL	5	
PRG	1	Folding Chairs	10-16-2017	3,877	SL	5	388
PRG	1	Tz400 Router	11-15-2018	1,620	SL	3	
PRG	1	Website	11-25-2019	15,000	SL	5	3,000
		TOTAL					3,388