EXTENDED TO JUNE 15, 2023

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2021 calendar year, or tax year beginning $$ AUG $$ L $$, $$ $$ $$ $$ $$ $$ $$ $$ and ending	g JUL	31, ZUZZ	
3 C	heck if	APOLLO S FIRE THE CLEVELAND BAROQUE	DE	Employer identific	cation number
	Addre chang	SS ORCHESTRA			
	Name chang	Doing business as		34-16968	42
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite E T	elephone number	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G G	iross receipts \$	3,597,123.
	Amen		H(a)	Is this a group re	
	Application	F Name and address of principal officer: NOTA KIDEK	`` <i>`</i>	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE	H(b)	Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
J۷	Vebsi	te: WWW.APOLLOSFIRE.ORG	H(c)	Group exemption	n number 🕨
K F	orm of	forganization: X Corporation Trust Association Other L	Year of forn	nation: 1992 N	State of legal domicile: OH
Pa	rt I	Summary			
е	1	Briefly describe the organization's mission or most significant activities: APOLLO'S	S FIRE	E, THE CL	EVELAND
Activities & Governance		BAROQUE ORCHESTRA IS A NOT-FOR-PROFIT CORPOR	RATION	N ESTABLI	SHED IN
ž	2	Check this box if the organization discontinued its operations or disposed of	more than	25% of its net as	sets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	27
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	12
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	115
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	7,475.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
er				rior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,	719,126.	2,579,112.
en		Program service revenue (Part VIII, line 2g)		261,040.	899,419.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		215.	874.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-25,243.	-42,162.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,955,138.	3,437,243.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		530,946.	668,497.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 281,628.	1	211 626	1 000 070
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,211,626.	1,980,970.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	742,572.	2,649,467.
_ <u>v</u>	19	Revenue less expenses. Subtract line 18 from line 12	D''.	212,566.	787,776.
ivet Assets or Fund Balances	00	Total access (Dark V. Bro. 10)		ng of Current Year, 453,551.	End of Year 2,151,841.
Bak		Total assets (Part X, line 16)	<u> </u>	320,290.	253,074.
nd		Total liabilities (Part X, line 26)	1	133,261.	1,898,767.
_	rt II	Net assets or fund balances. Subtract line 21 from line 20		, 133, 201 •	1,090,707.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements a	and to the hest of my	/ knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre			r knowledge and beller, it is
,	001100	As and complete. Social attent of property (called alian officer) to based on all information of which pro	sparor riao ai	III Kilowiougo.	
Sigr		Signature of officer		 Date	
Her		NOHA RYDER, CHIEF FINANCIAL OFFICER			
ici		Type or print name and title			
		Print/Type preparer's name Preparer's Signature	Date	Check	PTIN
Paid		LAURIE A. GATTEN, CPA Laurie Satten	06/1	L2/23 if self-employe	P01399120
	arer	Firm's name BARNES WENDLING CPAS INC.	/ -		34-1463411
	Only	Firm's address 5050 WATERFORD DRIVE		o Env	
	•	SHEFFIELD VILLAGE, OH 44035		Phone no. (4	40) 934-3850
May	the II	RS discuss this return with the preparer shown above? See instructions			X Ves No

Pai	rt 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: PERFORMING ON HISTORICAL INSTRUMENTS, APOLLO'S FIRE BRINGS TO LIFE THE
	MUSIC OF THE PAST FOR AUDIENCES OF TODAY, WITH PASSION. PERIOD. TAKING
	ITS NAME FROM THE CLASSICAL GOD OF MUSIC AND SUN, APOLLO'S FIRE WAS
	FOUNDED BY AWARD-WINNING HARPSICHORDIST/CONDUCTOR JEANNETTE SORRELL,
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 X 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 X 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 conject reported
4a	2 204 606
ти	SUBSCRIPTION SERIES
	GRAMMY-WINNING BAROQUE ORCHESTRA APOLLO'S FIRE'S 2021-22 SEASON MARKED
	ITS 30TH SEASON UNDER FOUNDING ARTISTIC DIRECTOR JEANNETTE SORRELL. THE
	SEASON COMPRISED 31 SUBSCRIPTION CONCERTS, SEVEN PROGRAMS PERFORMED IN
	·
	MULTIPLE VENUES ACROSS NORTHEAST OHIO- HOWEVER ONE PROGRAM WHICH WAS
	PLANNED FOR JANUARY 2022 WAS CANCELED/POSTPONED TILL FY23 DUE TO A
	SPIKE IN THE COVID OMICRON VIRUS.
	VIVALDI'S FOUR SEASONS REDISCOVERED -OCTOBER 2021
	VIOLIN FANTASY TRACING THE PATH FROM BIBER TO BACH NOVEMBER 2021
	HANDEL'S MESSIAH DECEMBER 2021
	LIFT EVERY VOICE A CELEBRATION OF BROTHERHOOD & SISTERHOOD JANUARY 2022
	(DUE TO THE OMICRON VIRUS, CONCERT WAS POSTPONED TO FY23)
4b	
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code
A =1	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
<u>.</u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,204,686.
<u>4e</u>	
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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٣		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Α.	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a		20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x
	ADMESTIC ADVENIMENT ON PAIL IA. COMMINTAL INTELLEMENTS, COMPUTE SCHEUUIC I, PAILS LANGII			1 47

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ħ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
·	, , ,	24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
		2 4 u		\vdash
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		X
00	Schedule L, Part I	25b	-	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			3,7
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		l	
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	t 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			\perp
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 139	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Ctatemente regarding Ctater into I image and Tax Compilarios (commissed)					
			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 12		37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_	37			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X			
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).			3,7		
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		Х		
	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			۱		
	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).					
а	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	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	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		Х		
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?						
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
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					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand			ļ.,.		
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?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.			,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
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?	17				
	If "Yes." complete Form 6069.					

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ORCHESTRA

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27	7								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b 27	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other									
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form S		4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х						
6 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?		7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?		7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?		8a	Х							
b	Each committee with authority to act on behalf of the governing body?		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
		,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such cl										
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	on Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approve										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
	Other officers or key employees of the organization		15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶OH										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3	s)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd fina	ncial							
	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 bo	oks and records									
	MICHELLE MCCUE - 330-389-1208										
	14837 DETROIT AVE., #182, LAKEWOOD, OH 44107										

132006 12-09-21

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 the 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.

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

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

(A) Name and title	(B) Average hours per	(do not check more than one		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee a	Officer p	Highest compensated snat/a		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HOWARD BENDER PAST EXECUTIVE DIRECTOR	40.00	X		Х			103,000.	0.	0.
(2) JEANNETTE SORRELL	40.00	^		Λ			103,000.	0.	0.
ARTISTIC DIRECTOR	40.00	X		х			95,000.	0.	0.
(3) NOHA RYDER	12.00	^		Λ			33,000.	· ·	<u> </u>
CFO THEN INTERIM MANAGING DIRECTOR/C	12.00	Х		Х			18,835.	0.	0.
(4) CHARLES A. BITTENBENDER	1.00						,,,,,,,,		
BOARD PRESIDENT AND DIRECTOR		х		Х			0.	0.	0.
(5) JAMES B. ROSENTHAL	1.00								_
BOARD CHAIR AND DIRECTOR		Х		Х			0.	0.	0.
(6) KATHLEEN CERVENY	1.00								
VICE PRESIDENT AND DIRECTOR		Х		Х			0.	0.	0.
(7) T. CLIFFORD DEVENY, M.D.	1.00								
VICE PRESIDENT AND DIRECTOR		Х		Х			0.	0.	0.
(8) WILLIAM A. POWEL, III	1.00								
SECRETARY AND DIRECTOR		Х		Х			0.	0.	0.
(9) RYAN SIEBEL	1.00								
TREASURER AND DIRECTOR		Х		Х			0.	0.	0.
(10) ANDREW GORDON-SEIFERT	1.00								
ASSISTANT SECRETARY AND DIRECTOR		Х		Х			0.	0.	0.
(11) JEFFREY P. BARNETT	1.00						_	_	_
DIRECTOR		Х					0.	0.	0.
(12) WILLIAM P. BLAIR III	1.00								
DIRECTOR		Х					0.	0.	0.
(13) ANN FAIRHURST	1.00	l							•
DIRECTOR	1 00	Х					0.	0.	0.
(14) KA-PI HOH, PH.D.	1.00	l						•	•
DIRECTOR	1 00	Х					0.	0.	0.
(15) ROBERT H. JACKSON	1.00	,,						0	0
DIRECTOR	1 00	Х					0.	0.	0.
(16) THOMAS FORREST KELLY, PH.D.	1.00	Į						_	^
DIRECTOR	1 00	Х	\vdash				0.	0.	0.
(17) RICHARD J. LEDERMAN, M.D.	1.00	Х					0.	0.	0.
DIRECTOR		Λ				<u> </u>	1 0.	0.	Eorm 990 (2021)

Part VII Section A. Officers, Directors, Tr	(B)	 	-		<u>2</u> C)	90	-	(D)	(E)		(F)
Name and title	Average	(-1-		Pos	itior	1		Reportable	Reportable		Estima	
	hours per	box	, unle	check ess pe	rson	is bot	th an	compensation	compensation		amoui	nt of
	week	officer and a director/truste						from	from related		oth	
	(list any hours for	recto						the	organizations	,	compen	
	related	or di	8			sated		organization	(W-2/1099-MISC	/	from	
	organizations	rustee	trust		e e	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiz and re	
	below	dual tr	tional		nploy	st cor	_	1033-1120)			organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Pom 6				9	
(18) MENG ("LOCKY") LIU	1.00											
DIRECTOR		Х						0.	().		0.
(19) FRED J. LIVINGSTONE	1.00											
DIRECTOR		Х						0.	() •		0.
(20) STEPHEN A. MAHONEY, M.D.	1.00	١							,			•
DIRECTOR	1 00	Х				_		0.	() •		0.
(21) MICHAEL J. MEEHAN	1.00	١							,			•
DIRECTOR	1 00	Х		_		-	_	0.).		0.
(22) LINDA M. OLEJKO DIRECTOR	1.00	X						0.	,).		0.
(23) KIM S. PARRY	1.00	₽		_		\vdash	\vdash	0.		' 		0.
DIRECTOR	1.00	X						0.	().		0.
(24) BRENDAN M. PATTERSON, M.D.	1.00	123						-		' 		•
DIRECTOR		x						0.	().		0.
(25) DAVID J. REIMER	1.00											
DIRECTOR		Х						0.	().		0.
(26) PHILLIP ROWLAND-SEYMOUR	1.00											
DIRECTOR		Х						0.) •		0.
1b Subtotal								216,835.) •		0.
c Total from continuation sheets to Part								0.) •		0.
d Total (add lines 1b and 1c)								216,835.).		0.
2 Total number of individuals (including bu	t not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			1
compensation from the organization											Ye	
3 Did the organization list any former office	ar diractor truct	00	·0\/	omn	love		r bic	shoot componented omn	lovoo on	Г	16	3 140
line 1a? If "Yes," complete Schedule J fo			•		•	-	_		•		3	Х
4 For any individual listed on line 1a, is the										··		
and related organizations greater than \$	-		-					•	ino organization		4	Х
5 Did any person listed on line 1a receive of									dual for services			
rendered to the organization? If "Yes," co	omplete Schedu	e J t	or s	uch	pers	son					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	tion from	l
the organization. Report compensation f	or the calendar y	ear	end	ing v	vith	or w	/ithi	n the organization's tax	year.			
(A) Name and busine	ee addreee	NT/	INC					(B) Description of s	envices	Co	(C) mpensa	tion
Name and busine	33 add 633	1//)IVI	<u> </u>			\dashv	Description of s	ICI VICCS		трспза	
							_					
2 Total number of independent contractors	s (including but r	not li	mite	ed to	tho	se li	ster	d above) who received m	ore than			
\$100,000 of compensation from the orga		.5. 11		.a 10	., 10	0 "	3.00	a abovo, who received it	13.3 (1141)			
SEE PART VII. SECTI		ודיו	TTT	Δ Т	ΤΩΙ	NT (cп.	rrmc			orm 99 ((0004)

ORCHESTRA 34-1696842 Form 990

Form 990 ORCHESTI	KA								34-169	0042
Part VII Section A. Officers, Directors, T	rustees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours	Average					ly)		(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) DANIEL SHOSKES, M.D. IRECTOR	1.00	х						0.	0.	0
28) REBECCA STOREY IRECTOR	1.00	Х						0.	0.	0
29) DEAN M. VALORE IRECTOR	1.00	Х						0.	0.	0
30) HERB WAINER DIRECTOR	1.00	х						0.	0.	0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 346,526. c Fundraising events 1c d Related organizations 1d 527,943. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,704,643. 1f 218,531 g Noncash contributions included in lines 1a-1f 1g |\$ 2,579,112 h Total. Add lines 1a-1f **Business Code** 2 a TICKET SALES Program Service Revenue 900099 487,686 487,686 TOURING FEES 900099 411,733 411,733 b С All other program service revenue 899,419, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 874 874. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not 346,526. of including \$ contributions reported on line 1c). See Part IV, line 18 50,916 **b** Less: direct expenses 159,880 -108,964, c Net income or (loss) from fundraising events -108,964 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances 48,424 0 **b** Less: cost of goods sold 48,424 48,424 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 10,903 10,903 PROGRAM ADVERTISING 541800 7,475 7,475 С d All other revenue 18,378 Total. Add lines 11a-11d 3,437,243 958,746 7,475. -108,090. Total revenue. See instructions 12

132009 12-09-21

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 respon	se or note to any line in			
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		577,896.	370,370.	65,227.	142,299
7 8	Other salaries and wages Pension plan accruals and contributions (include	377,050	3,0,3,0.	05,221.	140,UJJ
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,646.	29,254.	5,152.	11,240
10	Payroll taxes	44,955.	28,811.	5,074.	11,070
11	Fees for services (nonemployees):	11/5550	20,011.	370710	11/0/0
''	Management				
b					
C	Legal	19,259.		8,561.	10,698
d				7,0023	
e	D (' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	63,872.	48,471.	15,401.	
12	Advertising and promotion	227,495.	225,057.	,	2,438
13	Office expenses	70,406.	48,162.	10,672.	2,438 11,572
14	Information technology	35,880.	20,751.	6,111.	9,018
15	Royalties	-	-		
16	Occupancy	31,610.	18,281.	5,384.	7,945
17	Travel	400,989.	392,292.	1,304.	7,393
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,718.	3,196.	214.	308
23	Insurance	4,761.	2,754.	811.	1,196
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 0.)				
а	CONTRACT LABOR MUSICIAN	632,713.	624,106.		8,607
b	CONTRACT LABOR NON-MUSI	233,673.	157,769.	39,230.	36,674
С	CONCERT EXPENSES	221,091.	212,088.	12.	8,991
d	RECORDING	23,324.	23,324.		
е	All other expenses	12,179.			12,179
25	Total functional expenses. Add lines 1 through 24e	2,649,467.	2,204,686.	163,153.	281,628
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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

rdi	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			249,962.	1	1,424,253
	2	Savings and temporary cash investments	737,214.	2			
	3	Pledges and grants receivable, net		233,811.	3	168,659	
	4	Accounts receivable, net			4	22,745	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descr				6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			11,831.	8	12,836
As	9	Prepaid expenses and deferred charges			49,945.	9	46,908
	l	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		142,386.			
	b	Less: accumulated depreciation		131,714.	9,897.	10c	10,672
	11	Investments - publicly traded securities			138,891.	11	465,768
	12	Investments - other securities. See Part IV, lin				12	,
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		22,000.	15	0	
	16	Total assets. Add lines 1 through 15 (must e			1,453,551.	16	2,151,841
	17	Accounts payable and accrued expenses			127,734.	17	210,455
	18	Grants payable	<u> </u>	18	,		
	19	Deferred revenue	93,689.	19	42,619		
	20	Tax-exempt bond liabilities			<u> </u>	20	,
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel			98,867.	24	
	25	Other liabilities (including federal income tax,			,		
		parties, and other liabilities not included on li					
		of Schedule D	1100 17 2 1)	. Complete Fall X		25	
	26	Total liabilities. Add lines 17 through 25			320,290.	26	253,074
		Organizations that follow FASB ASC 958,			,		,
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			853,828.	27	1,535,220
Bal	28	Net assets with donor restrictions			279,433.	28	363,547
5		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.	o 000, 0				
ğ	29	Capital stock or trust principal, or current fur	ıds			29	
šets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
ë	32	Total net assets or fund balances		—	1,133,261.	32	1,898,767
_	, UE	Total fict assets of fully balafices			1,453,551.	32	2,151,841

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,64	9,4	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,13		
5	Net unrealized gains (losses) on investments	5	-2	2,2	70.
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	1,89	8,7	67.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

APOLLO'S FIRE THE CLEVELAND BAROOUE **Employer identification number** Name of the organization ORCHESTRA 34-1696842 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar 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.")	1148111.	1499059.	1177363.	1719126.	2579112.	8122771.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1148111.	1499059.	1177363.	1719126.	2579112.	8122771.
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,						0.44 = 1.4
	column (f)						241,711.
	Public support. Subtract line 5 from line 4.						7881060.
	ction B. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2017 1148111.	(b) 2018 1499059.	(c) 2019 1177363.	(d) 2020 1719126.	(e) 2021 2579112.	(f) Total 8122771.
	Amounts from line 4	1148111.	1499059.	11//303.	1/19126.	25/9112.	0122//1.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	87.	4,902.	5,258.	215.	874.	11,336.
_	and income from similar sources	07.	4,902.	5,230.	413.	0/4.	11,330.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2,557.	3,890.	2,650.	1,124.	10,903.	21,124.
44	assets (Explain in Part VI.)	2,557.	3,050.	2,030.	1,124.	10,505.	8155231.
12		oto (oco instructi	one)			12	0133231.
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax	vear as a section F		
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (<u>-</u>	column (f))		14	96.64 %
	Public support percentage from 2020					15	94.80 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	-					\triangleright X
b	33 1/3% support test - 2020. If the						nis box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to		*				
b	10% -facts-and-circumstances tes	-	•	*	-		10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		>
12	Private foundation If the organization	on did not check a	hoy on line 13 16	a 16h 17a or 17h	n check this hove	and see instruction	

Schedule A (Form 990) 2021

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	relow, please com	ipietė Part II.)				
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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf 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		#1.0040	1 (10040	1 , , , , , ,	() 000/	(0
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	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2021 (line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inve	stment Incom	ne Percentage)			
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by l	ine 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					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	ınd stop here. The	organization qual	ifies as a publicly s	supported organiz	zation	
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization						

132023 01-04-22

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		-
	6		
	7		
	8		
	9a		
	54		
	O.		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990	2021
	,		

Par	t IV	Supporting Organizations (continued)				
				Yes	No	
11	Has tl	he organization accepted a gift or contribution from any of the following persons?				
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	elow, the governing body of a supported organization?	11a			
b	A fam	ily member of a person described on line 11a above?	11b			
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
		in Part VI.	11c			
Sec	tion I	B. Type I Supporting Organizations				
				Yes	No	
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or				
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, lors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)				
		ively 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					
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2		ne organization operate for the benefit of any supported organization other than the supported				
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
		If how providing such benefit carried out the purposes of the supported organization(s) that operated,	2			
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations			<u> </u>	
-		or type in capporting organizations		Yes	No	
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140	
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
		nagement of the supporting organization was vested in the same persons that controlled or managed				
		upported organization(s).	1			
Sec		D. All Type III Supporting Organizations				
				Yes	No	
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organ	ization'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				
	organ	ization'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				
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a				
		icant voice in the organization's investment policies and in directing the use of the organization's				
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
		orted organizations played in this regard.	3			
		E. Type III Functionally Integrated Supporting Organizations				
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•			
a		The organization satisfied the Activities Test. Complete line 2 below.				
b	H	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. Possible in Part VI how you supported a governmental entity (see in	etructio	no)		
с 2	Δctivi:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in ties Test. Answer lines 2a and 2b below.	Struction	Yes	No	
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140	
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
		e supported organizations and explain how these activities directly furthered their exempt purposes,				
		he organization was responsive to those supported organizations, and how the organization determined				
		hese activities constituted substantially all of its activities.	2a			
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,				
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in				
	these	activities but for the organization's involvement.	2b			
3	Paren	nt of Supported Organizations. Answer lines 3a and 3b below.				
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a			
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of ite	supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		I	

Schedule A (Form 990) 2021

34-1696842 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	on 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 ORCHESTRA			3	4-1696842 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	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: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
С	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

APOLLO'S FIRE THE CLEVELAND BAROQUE

34-1696842 Page 8 **ORCHESTRA** Schedule A (Form 990) 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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THOMAS FROEHLICH	404,816.	241,711.
otal Excess Contributions to Schedule A, Part II, Line 5		241,711.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

OMB No. 1545-0047

Name of the organization

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

Employer identification number

34-1696842

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization
APOLLO'S FIRE THE CLEVELAND BAROQUE
ORCHESTRA

Employer identification number

34-1696842

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS FROEHLICH 863 BRYCE ROAD KENT, OH 44240	\$ 404,816.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES SBA - SHUTTERED VENUE GRANT 409 3RD ST SW WASHINGTON DC, DC 20416	\$ 429,076.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CUYAHOGA ARTS AND CULTURE BUCKLEY BUILDING, 1501 EUCLID AVE. SUITE 407 CLEVELAND, OH 44115	\$101,762.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U S SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON DC, DC 20416	\$ 98,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
APOLLO'S FIRE THE CLEVELAND BAROQUE
ORCHESTRA

Employer identification number

34-1696842

art II	Noncash Property (see instructions). Use duplicate copies of P	rart II if additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	

Name of organization

APOLIO'S FIRE THE CLEVELAND BAROOUE

Employer identification number

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

34-1696842

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line e	ntry For or	01(c)(7), (8), or (10) that total more than \$1,000 for the ye rganizations le year. (Enter this info. once.)		
	Use duplicate copies of Part III if additional	space is needed.		,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gi	ft			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's name, address, at	nd ZIP + 4	Ke	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift (c) Use of			(d) Description of how gift is held		
<u> </u>						
		(e) Transfer of gi	 ft			
	Transferee's name, address, a			elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Re	elationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

Employer identification number 34-1696842

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(a) i and and only accounts
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		funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance 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 tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

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Pai	t III Organizations Maintaining Co	ollections of Ar	t, His	torical Tr	easures,	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	s, checl	k any of the	following that	at make sig	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how th	nev further t	he organizat	ion's exem	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or								
_	to be sold to raise funds rather than to be mai							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part	•		· • · ga=a•				, 5, 5.	
1a	Is the organization an agent, trustee, custodia	n or other intermed	liarv for	contribution	ns or other as	ssets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
-								Amount	
c	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f							1f		
	Ending balance							Yes	□ No
	-					-			
	t V Endowment Funds. Complete if								
· u	Endownient Fundo: Complete in	(a) Current year		rior year				ack (e) Four y	ears hack
4.	Designing of year balance	(a) carrett year	(2)	Tior your	(0) 1110 300	aro buon (u	, 111100 youro 5	(6) (6)	- Duon
_	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	ınd administe	ered for the	organization	_	
	by:							Y	es No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or of			or other		umulated	(d) Book	value
		basis (investn	nent)	basis	(other)	depre	eciation		
	Land								
	Buildings								
С	Leasehold improvements				4			, .	
d	Equipment				1,658.		00,986.	10	<u>,672.</u>
	Other				0,728.] 3	30,728.		0.
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colur	nn (B), line 1	10c.)			10	<u>,672.</u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ORCHESTRA		3	4-1696842 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 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)			1
(4)			1
(5)			
(6)			
(7)			
· ·			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	25.)		
i Otali (Columni (D) must equal Form 330, Fart A, Col. (B) III	15 LJ.)		~

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part >	(I Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 To	otal revenue, gains, and other support per audited financial statements			1	3,582,353.
2 Ar	nounts included on line 1 but not on Form 990, Part VIII, line 12:				
	et unrealized gains (losses) on investments	2a	-22,270.		
b Do	onated services and use of facilities	2b	7,500.		
c Re	ecoveries of prior year grants	2c			
d Of	her (Describe in Part XIII.)	2d	159,880.		
e Ad	dd lines 2a through 2d			2e	145,110.
3 St	ubtract line 2e from line 1			3	3,437,243.
4 Ar	nounts included on Form 990, Part VIII, line 12, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b Of	her (Describe in Part XIII.)	4b			_
	dd lines 4a and 4b			4c	0.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,437,243
Part 2	III Reconciliation of Expenses per Audited Financial Stateme	nts V	With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 To	otal expenses and losses per audited financial statements			1	2,816,847.
2 Ar	nounts included on line 1 but not on Form 990, Part IX, line 25:				
a Do	onated services and use of facilities	2a	7,500.		
b Pr	ior year adjustments	2b			
	her losses	2c			
d Ot	her (Describe in Part XIII.)	2d	159,880.		
e Ad	dd lines 2a through 2d			2e	167,380.
	ubtract line 2e from line 1			3	2,649,467.
	nounts included on Form 990, Part IX, line 25, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	her (Describe in Part XIII.)	4b			
	dd lines 4a and 4b			4c	0.
5 To	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,649,467.
Part 2	KIII Supplemental Information.				
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines	s 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 additi	ional ir	nformation.		
PART	X, LINE 2:				
THE	ORGANIZATION RECOGNIZES AND DISCLOSES UNC	ERT	AIN TAX POSI	TIO	NS IN
3.000			DDD TIII I 21	20	00 3370
ACCO	RDANCE WITH GAAP. AS OF AND FOR THE YEARS	EN	DED JOLY 31,	20	22 AND
2021	MUD ODGANIZATION DID NOM UNUD A LIADILI	m.,			D #1377
2021	, THE ORGANIZATION DID NOT HAVE A LIABILI	TY	FOR UNRECOGN	TZE.	D TAX
D = 110		с т	mo ====================================	O17	DI
BENE	FITS. THE ORGANIZATION IS NO LONGER SUBJE	CT	TO EXAMINATI	ON	BY FEDERAL
3310	GENER ENVING NUMBERORETEG PRIOR EG 2012				
AND	STATE TAXING AUTHORITIES PRIOR TO 2012.				
D3.D0	VI I THE OD OBJED AD THOMASHED				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
THIMIN	DATCING EVDENGEG INGLIDED IN DEVENUE				150 000
F.OND	RAISING EXPENSES INCLUDED IN REVENUE				159,880.
שמעע	VII IINE ID OMIIAD ADIIIOMERIMO				
PAKT	XII, LINE 2D - OTHER ADJUSTMENTS:				
רוואווים	DATCING EVDENCES INSTITUTED IN DESCRIPTION				150 000
T OND	RAISING EXPENSES INCLUDED IN REVENUE			Cak -	159,880.

APOLLO'S FIRE THE CLEVELAND BAROQUE

Schedule D (Form 990) 2021 ORCHESTRA	34-1696842 Page 5
Schedule D (Form 990) 2021 ORCHESTRA Part XIII Supplemental Information (continued)	j

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 APOLLO'S FIRE THE CLEVELAND BAROQUE
ORCHESTRA

Part | Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV line

Employer identification number 34-1696842

Schedule G (Form 990) 2021

	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Ifilers 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						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custody from activity fundraiser to (or retained by) to (or retained by)				(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
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.						

132081 10-21-21

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

34-1696842 Page 2

Pa	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.						
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Φ			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	397,442.			397,442.	
	2	Less: Contributions	346,526.			346,526.	
	3	Gross income (line 1 minus line 2)	50,916.			50,916.	
	4	Cash prizes					
SS	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs	17,491.			17,491.	
irect E	7	Food and beverages	59,535.			59,535.	
	8	Entertainment	19,009.			19,009.	
	9	Other direct expenses				63,845.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	159,880.	
_	11	Net income summary. Subtract line 10 from I				-108,964.	
Pa	rt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant	1	(d) Total gaming (add	
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				0 1 0		(-) (-)	
ď	1	Gross revenue					
es	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
а	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? b If "No," explain:						
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No	
1320	32082 10-21-21 Schedule G (Form 990) 2021						

APOLLO'S FIRE THE CLEVELAND BAROQUE

Sch	chedule G (Form 990) 2021 ORCHESTRA	34-1	1696	842	Page 3
	Does the organization conduct gaming activities with nonmembers?		,	Yes	No
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other en				
	to administer charitable gaming?			Yes	└── No
	3 Indicate the percentage of gaming activity conducted in:				
	a The organization's facility				<u>%</u>
	b An outside facility		13b		<u>%</u>
14	4 Enter the name and address of the person who prepares the organization's gaming/special events bo	ooks and records:			
	Name				
	Address ▶				
15a	5a Does the organization have a contract with a third party from whom the organization receives gaming	revenue?		Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount			
	of gaming revenue retained by the third party >\$	-			
c	c If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	6 Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	7 Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceed	ds to			
	retain the state gaming license?		🔲 ,	Yes	☐ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organization	tions or spent in the			
_	organization's own exempt activities during the tax year > \$				
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colun 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction		art III, Iir	nes 9,	9b, 10b,

APOLLO'S FIRE THE CLEVELAND BAROQUE

Schedule G (Form 990) ORCHESTRA	34-1696842 Page 4
Part IV Supplemental Information (continued)	
(**************************************	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

Employer identification number 34-1696842

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		-	-
		арріісавіс		Form 990, Part VIII, line 1g	Tioricasii contribu	ition am	ount	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	78,785.	FAIR MARKET	VAL	'UE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies							
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MUSICIAN LODG)	X	59	73,700.	FAIR MARKET	VAL	UE	
26	Other (AUCTION ITEMS)	Х	50		FAIR MARKET			
27	Other (ADVERTISING)	X	2		FAIR MARKET			
28	Other (-				
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 828	83, Part V, [Donee Acknowledg	jement 29				
						\	Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date		•	·				
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.						,,	
31	Does the organization have a gift acceptance p					31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash			Ţ	
_	contributions?					32a	X	
	If "Yes," describe in Part II.	-h () *			al and			
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

APOLLO'S FIRE THE CLEVELAND BAROQUE

ORCHESTRA 34-1696842 Schedule M (Form 990) 2021 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: MORGAN STANLEY SELLS CONTRIBUTED SECURITIES. THEY CHARGE US A REDUCED SMALL TRANSACTION FEE.

Schedule M (Form 990) 2021

132142 11-17-21

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

Employer identification number 34-1696842

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

1992. THE ORGANIZATION PROVIDES NORTHEAST OHIO, NATIONAL, AND

INTERNATIONAL AUDIENCES WITH PROFESSIONAL PERFORMANCES OF BAROQUE AND

CLASSICAL ORCHESTRAL REPERTOIRE ON PERIOD INSTRUMENTS AND EDUCATES

YOUNG PEOPLE FROM DIVERSE ETHNIC BACKGROUNDS IN THE FIELD OF EARLY

MUSIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INCORPORATED IN MARCH 1992. APOLLO'S FIRE IS DEDICATED TO THE

PERFORMANCE OF 17TH AND 18TH CENTURY MUSIC ON THE PERIOD INSTRUMENTS

FOR WHICH IT WAS WRITTEN. THE ENSEMBLE UNITES A SELECT POOL OF

EARLY-MUSIC SPECIALISTS FROM THROUGHOUT NORTH AMERICA, AND HAS BEEN

PRAISED INTERNATIONALLY FOR STYLISTIC PERFORMANCES, CD RECORDING,

TOURS, AND BROADCASTS.

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

ISRAEL IN EGYPT A DRAMATIC ORATORIO. FEBRUARY 2022

VIRTUOSO BACH & VIVALDI MARCH 2022

MOZART AND THE CHEVALIER MAY 2022

30TH ANNIVERSARY CELEBRATION CONCERT AT SEVERANCE HALL!

HIGHLIGHTS OF THE SEASON INCLUDED A RETURN TO CARNEGIE HALL IN MARCH

AND TO SEVERANCE HALL IN MAY. ADDITIONALLY, JEANNETTE SORRELL MADE HER

GUEST CONDUCTING DEBUT WITH THE NEW YORK PHILHARMONIC, BRINGING THE

RENOWNED APOLLO'S SINGERS WITH HER (HANDEL'S MESSIAH, DECEMBER 14-18).

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

Schedule O (Form 990) 2021

AF CONTINUED ITS WATCH-AT-HOME VIDEO SERIES, AN INITIATIVE CONCEIVED IN

RESPONSE TO THE PANDEMIC. A SUBSCRIPTION OR TICKET ALLOWS PATRONS

EITHER TO ATTEND IN PERSON OR WATCH THE CONCERT-VIDEO AT HOME (OR

BOTH). APOLLO'S FIRE ALSO RELEASED 2 NEW CD ALBUMS ON BRITISH LABEL

AVIE THIS SEASON, IN CELEBRATION OF THE ENSEMBLE'S 30TH ANNIVERSARY.

AF HAS MADE A SIGNIFICANT EFFORT TO SUPPORT ITS MUSICIANS AND FREELANCE
ARTISTS DURING THE PANDEMIC. ACROSS THE COUNTRY, FREELANCE ARTISTS AND
EVEN MANY MUSICIANS WHO HELD SALARIED POSITIONS FACED A TOTAL LOSS OF
INCOME. TO DATE, AF HAS DISTRIBUTED APPROXIMATELY \$250K TO OUR
MUSICIANS THROUGH THE MUSICIANS' FUND, INITIATED WITH LEAD GIFT SUPPORT
FROM THE AF

BOARD OF DIRECTORS. THE FUND WAS DEPLOYED TO PROVIDE PARTIAL FEES FOR

CANCELED CONCERTS. 100% OF THE DONATIONS TO THIS FUND ARE PASSED ON TO

THE MUSICIANS.

TOURING

AF TOURS NATIONALLY AND INTERNATIONALLY, AND HAS PERFORMED 5 EUROPEAN

TOURS. OVER THE YEARS AF HAS PERFORMED ON THE WORLD'S BEST STAGES

INCLUDING CARNEGIE HALL, THE BBC PROMS IN LONDON, WIGMORE HALL,

TANGLEWOOD, RAVINIA, TO NAME A FEW.

IN MARCH 2022, APOLLO'S FIRE RETURNED TO CARNEGIE HALL. THE ENSEMBLE

ALSO RETURNED TO CHICAGO WITH THE LAUNCH OF ITS WINDY CITY MINISERIES

(5 CONCERTS IN EVANSTON AND LINCOLN PARK). IN THE 2021-22 SEASON, AF

ALSO PERFORMED IN SONOMA, CA; VAIL/BEAVER CREEK, CO; WINSTON-SALEM, NC; AND WORCESTER, MA.

Schedule O (Form 990) 2021 Page 2

Name of the organization APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

Employer identification number 34-1696842

EDUCATION & OUTREACH

AF IS DEEPLY ROOTED IN EDUCATION AND OUTREACH THROUGH ITS COMMUNITY ACCESS INITIATIVE WHICH AUGMENTS ITS OTHER OUTREACH ACTIVITIES. THE CAI DEEPENS AF'S FOCUS ON STUDENTS, FAMILIES, AND INDIVIDUALS ACROSS ALL SOCIOECONOMIC LEVELS, THUS BRINGING COMMUNITIES TOGETHER FOR A SHARED TRANSFORMATIONAL EXPERIENCE. APOLLO'S FIRE BELIEVES IN THE POWER OF MUSIC TO INSPIRE, TRANSFORM, AND UPLIFT. WE FEEL THAT ALL DESERVE TO SHARE IN THAT EXPERIENCE IN A MANNER THAT IS ACCESSIBLE AND AFFORDABLE. EDUCATION AND OUTREACH ACTIVITIES INCLUDE DEEPLY DISCOUNTED \$12 TICKETS; FREE FAMILY CONCERTS; IN-SCHOOL WORKSHOPS WITH YOUNG STUDENTS; FREE STUDENT RUSH TICKETS AT ALL CONCERTS; FREE FAMILY NIGHTS WHERE STUDENTS & PARENTS FROM SELECTED PUBLIC SCHOOLS WILL BE INVITED TO ATTEND A SUBSCRIPTION CONCERT FOR FREE; AND BAROQUE BISTROS- CASUAL CONCERTS AT AREA RESTAURANTS. THIS IS IN ADDITION TO DISCOUNTED SENIOR CITIZEN TICKETS; YOUNG ARTIST APPRENTICE PROGRAM; MUSETTE PROGRAM (CHILDREN'S CHOIR AGES 11-17) IN 2019, AF'S BOARD OF DIRECTORS APPROVED THE LAUNCH OF THE MOSAIC PROJECT- THE SECOND PHASE OF AF'S COMMUNITY ACCESS INITIATIVE. IN THIS PHASE, APOLLO'S FIRE IS PRIORITIZING DIVERSITY THROUGHOUT OUR ORGANIZATION AND OUR AUDIENCE. ULTIMATELY, OUR GOAL IS TO HELP INCREASE

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

DIVERSITY THROUGHOUT THE NATIONAL EARLY MUSIC FIELD.

THE DRAFT OF FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS

FILED. IT IS FILED ONCE APPROVED BY THE FINANCE COMITTEE. AFTER IT IS

FILED, THE 990 IS SHARED WITH THE ENTIRE BOARD.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA	Employer identification number 34-1696842
CONFLICT OF INTEREST POLICY REVIEWED AND FORMS SIGNED ANN	UALLY.
FORM 990, PART VI, SECTION B, LINE 15:	
RESEARCH AND DATA COLLECTION IN THE FIELD TO HELP DETERMI	NE A FAIR AND
COMPARABLE AND COMPETITIVE SALARY. EXECUTIVE COMMITTEE DE	LIBERATION,
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF IN	TEREST POLICY ARE
AVAILABLE UPON REQUEST.	
EODW 000 DADE WIT LINE 20	
FORM 990, PART XII, LINE 2C: THERE HAS BEEN NO CHANGES FROM PRIOR YEAR.	
THERE HAS BEEN NO CHANGES FROM FRIOR TEAR.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. APOLLO'S FIRE THE CLEVELAND BAROQUE print 34-1696842 ORCHESTRA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3091 MAYFIELD ROAD, 217 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND HEIGHTS, OH 44118 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 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) MICHELLE MCCUE The books are in the care of ► 14837 DETROIT AVE., #182 - LAKEWOOD, OH 44107 Telephone No. ► 330-389-1208 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 __l. 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. JUNE 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning AUG 1, 2021 , and ending JUL 31, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **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 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. 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.

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

Form 8868 (Rev. 1-2022)