

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning

09/01, 2013, and ending

08/31, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 LINCOLN CENTER PLAZA

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10023-6973

F Name and address of principal officer: MATTHEW VANBESIEN
10 LINCOLN CENTER PLAZA NEW YORK, NY 10023-6973

D Employer identification number
13-1664054

E Telephone number
(212) 875-5000

G Gross receipts \$ 94,762,684.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NYPHIL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1853 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO MAINTAIN AND FOSTER AN INTEREST IN THE ENJOYMENT OF MUSIC AND MUSICAL AFFAIRS, TO INCULCATE IN ITS MEMBERS IN NEW YORK CITY AND THE WORLD AT LARGE AN INTEREST IN SYMPHONY MUSIC.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	51.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47.
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	868.
6 Total number of volunteers (estimate if necessary)	6	153.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		29,637,673.	30,228,393.
9 Program service revenue (Part VIII, line 2g)		27,100,822.	28,794,767.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,904,632.	11,868,958.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-574,088.	-803,907.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		69,069,039.	70,088,211.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		48,888,109.	49,235,065.
16a Professional fundraising fees (Part IX, column (A), line 11e)		571,077.	501,646.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,273,659.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,290,125.	23,520,062.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		73,749,311.	73,256,773.
19 Revenue less expenses. Subtract line 18 from line 12		-4,680,272.	-3,168,562.

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		230,198,865.	242,118,526.
21 Total liabilities (Part X, line 26)		42,977,058.	48,372,038.
22 Net assets or fund balances. Subtract line 21 from line 20		187,221,807.	193,746,488.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN P00736879

Firm's name ▶ EISNERAMPER LLP Firm's EIN ▶ 13-1639826

Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703 Phone no. 212-949-8700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 service reported.

4a (Code:) (Expenses \$ 55,132,991. including grants of \$) (Revenue \$ 28,794,767.)

ATTACHMENT 2

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

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 55,132,991.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	13-1664054
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	10 LINCOLN CENTER PLAZA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10023-6973	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of PAMELA KATZ, DIR OF FINANCE, 10 LINCOLN CENTER PLAZA NEW YORK, NY 1002 Telephone No. 212 875 5000 Fax No. 212 875 5716

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 07/15, 2015.

5 For calendar year _____, or other tax year beginning 09/01, 2013, and ending 08/31, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension AWAITING INFORMATION FROM THIRD PARTY SOURCES NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, or other filer, see instructions.	Employer identification number (EIN) or
	THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	13-1664054
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	10 LINCOLN CENTER PLAZA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10023-6973	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ PAMELA KATZ, DIR OF FINANCE, 10 LINCOLN CENTER PLAZA NEW YORK, NY 1002

Telephone No. ▶ 212 875 5000 FAX No. ▶ 212 875 5716

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 _____ or
 ▶ tax year beginning 09/01, 20 13, and ending 08/31, 20 14.

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

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

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

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

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)	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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (51), 1b (47), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAMELA KATZ, DIR OF FINANCE 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023-697 212 875 5000

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. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAWRENCE D. ACKMAN DIRECTOR	4.00 0	X					0	0	0	
(2) ALEC BALDWIN DIRECTOR	4.00 0	X					0	0	0	
(3) JOSHUA BELL DIRECTOR	4.00 0	X					0	0	0	
(4) DR. CLEMENS BORSIG DIRECTOR	4.00 0	X					0	0	0	
(5) YEFIM BRONFMAN DIRECTOR	4.00 0	X					0	0	0	
(6) KENNETH A. BUCKFIRE DIRECTOR	4.00 0	X					0	0	0	
(7) JAMES BUCKMAN DIRECTOR (THROUGH 9/12/13)	4.00 0	X					0	0	0	
(8) LAURA CHANG DIRECTOR	4.00 0	X					0	0	0	
(9) ANGELA CHEN DIRECTOR	4.00 0	X					0	0	0	
(10) PETER D. CUMMINGS DIRECTOR	4.00 0	X					0	0	0	
(11) TOOS N. DARUVALA DIRECTOR	4.00 0	X					0	0	0	
(12) LODEWIJK DE VINK, J.R. DIRECTOR	4.00 0	X					0	0	0	
(13) FRED KRIMENDAHL DIED DIRECTOR (THROUGH 1/1/14)	4.00 0	X					0	0	0	
(14) J. CHRISTOPHER FLOWERS DIRECTOR	4.00 0	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNABELLE K. GARRETT ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(16) TIMOTHY M. GEORGE ----- TREASURER	4.00 ----- 0	X		X				0	0	0
(17) WHOOP! GOLDBERG ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(18) PAUL B. GUENTHER ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(19) GURNEE F. HART ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(20) GERALD L. HASSELL ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(21) ROBERT S. HEKEMIAN, J.R. ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(22) ROBERT C. HENRIKSON ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(23) LUDMILA HESS ----- DIRECTOR (THROUGH 9/3/13)	4.00 ----- 0	X						0	0	0
(24) STEVEN HEYER ----- DIRECTOR	4.00 ----- 0	X						0	0	0
(25) ANN JOHNSON ----- DIRECTOR	4.00 ----- 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								Redacted	0	Redacted
d Total (add lines 1b and 1c)								Redacted	0	Redacted

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 131

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 13

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PETER JUNGEN ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(27) MITSUHIKO KAWAI ----- DIRECTOR (THROUGH 3/31/14)	4.00 ----- 0	X					0	0	0	
(28) HONEY M. KURTZ ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(29) CHRISTIAN A. LANGE ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(30) KAREN T. LEFRAK ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(31) WILLIAM M. LEWIS, JR. ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(32) ALAN MACDONALD ----- DIRECTOR (THROUGH 9/6/13)	4.00 ----- 0	X					0	0	0	
(33) PETER W. MAY ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(34) HAROLD MITCHELL ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(35) CHARLES F. NIEMETH ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(36) ELIZABETH A. NEWMAN ----- DIRECTOR	4.00 ----- 0	X					0	0	0	

1b Sub-total ▶

c Total from continuation sheets to Part VII, Section A ▶

d Total (add lines 1b and 1c) ▶

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 131

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) C. ALLEN PARKER ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(38) GARY W. PARR ----- CHAIRMAN	4.00 ----- 0	X		X			0	0	0	
(39) ITZHAK PEARLMAN ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(40) JOEL I. PICKET ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(41) ANTONIO QUINTELLA ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(42) SUSAN ROSE ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(43) CAROL D. SCHAEFER ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(44) OSCAR S. SCHAFFER ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(45) SHIRLEY BACOT SHAMEL ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(46) LARRY A. SILVERSTEIN ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(47) DAISY M. SOROS ----- SECRETARY	4.00 ----- 0	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 131

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) MOTOMU TAKAHASHI ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(49) OSCAR L. TANG ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(50) PAMELA THOMAS-GRAHAM ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(51) BOBBY TUDOR ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(52) RONALD J. ULRICH ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(53) DARIA L. WALLACH ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(54) MARY J. WALLACH ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(55) SANDRA F. WARSHAWSKY ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(56) SHIRLEY YOUNG ----- DIRECTOR	4.00 ----- 0	X					0	0	0	
(57) WILLIAM R. THOMAS ----- SENIOR VICE PRESIDENT	40.00 ----- 0			X			Redacted	0	Redacted	
(58) R. MATTHEW VANBESIEN ----- PRESIDENT AND EXEC DIR	40.00 ----- 0			X			Redacted	0	Redacted	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 131

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) ALAN GILBERT ----- MUSIC DIRECTOR	40.00 ----- 0				X			Redacted	0	Redacted
(60) CARTER BREY ----- MUSICIAN	40.00 ----- 0					X		Redacted	0	Redacted
(61) GLENN E. DICTEROW ----- MUSICIAN	40.00 ----- 0					X		Redacted	0	Redacted
(62) PHILIP F. MYERS ----- MUSICIAN	40.00 ----- 0					X		Redacted	0	Redacted
(63) PHILIP A. SMITH ----- MUSICIAN	40.00 ----- 0					X		Redacted	0	Redacted
(64) LIANG WANG ----- MUSICIAN	40.00 ----- 0					X		Redacted	0	Redacted
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									

1b Sub-total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 131

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	479,762.				
	b Membership dues	1b					
	c Fundraising events	1c	4,999,783.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	308,800.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,440,048.				
	g Noncash contributions included in lines 1a-1f: \$		3,434,126.				
	h Total. Add lines 1a-1f			30,228,393.			
Program Service Revenue				Business Code			
	2a CONCERT RECEIPTS		711130	27,791,509.	27,791,509.		
	b RECORDING AND BROADCASTING		711130	1,003,258.	1,003,258.		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			28,794,767.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,722,759.			3,722,759.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			55,010.			55,010.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			31,510,480.	97,000.		
	b Less: cost or other basis and sales expenses			23,267,281.	194,000.		
	c Gain or (loss)			8,243,199.	-97,000.		
	d Net gain or (loss)				8,146,199.		8,146,199.
	8a Gross income from fundraising events (not including \$ 4,999,783. of contributions reported on line 1c). See Part IV, line 18	a		354,275.			
	b Less: direct expenses	b		1,213,192.			
c Net income or (loss) from fundraising events				-858,917.		-858,917.	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				0			
12 Total revenue. See instructions				70,088,211.	28,794,767.		11,065,051.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,615,850.	1,704,250.	911,600.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	35,992,457.	28,861,085.	5,313,842.	1,817,530.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,014,956.	2,771,505.	976,578.	266,873.
9 Other employee benefits	4,496,239.	3,226,295.	1,003,071.	266,873.
10 Payroll taxes	2,115,563.	1,461,375.	520,751.	133,437.
11 Fees for services (non-employees):				
a Management	0			
b Legal	43,200.		43,200.	
c Accounting	93,000.		93,000.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	501,646.			501,646.
f Investment management fees	630,102.		630,102.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	544,498.	5,000.	313,415.	226,083.
12 Advertising and promotion	4,673,661.	4,438,707.	184,156.	50,798.
13 Office expenses	3,032,964.	2,027,519.	745,914.	259,531.
14 Information technology	657,593.		643,982.	13,611.
15 Royalties	0			
16 Occupancy	516,029.		516,029.	
17 Travel	2,729,895.	2,453,652.	265,194.	11,049.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,804.		5,498.	1,306.
20 Interest	2,558.		2,558.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,368,087.		1,368,087.	
23 Insurance	135,091.	39,450.	95,641.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION	5,168,333.	5,168,333.		
b MISCELLANEOUS	1,235,660.	293,233.	217,505.	724,922.
c CONCERT HALL RENTAL	2,682,587.	2,682,587.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	73,256,773.	55,132,991.	13,850,123.	4,273,659.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	345,322.	1	523,178.
	2 Savings and temporary cash investments	7,752,316.	2	10,977,836.
	3 Pledges and grants receivable, net	17,811,720.	3	14,849,987.
	4 Accounts receivable, net	1,555,142.	4	1,136,317.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	119,125.	7	120,728.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,827,426.	9	2,371,993.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,062,011.		
	b Less: accumulated depreciation	10b 15,261,377.	13,834,519.	10c 13,800,634.
	11 Investments - publicly traded securities	92,903,747.	11	93,040,170.
	12 Investments - other securities. See Part IV, line 11	94,049,548.	12	105,297,683.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	230,198,865.	16	242,118,526.	
Liabilities	17 Accounts payable and accrued expenses	3,854,860.	17	3,701,792.
	18 Grants payable	0	18	0
	19 Deferred revenue	12,830,053.	19	13,900,190.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,292,145.	25	30,770,056.
	26 Total liabilities. Add lines 17 through 25	42,977,058.	26	48,372,038.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-24,886,621.	27	-27,785,927.
	28 Temporarily restricted net assets	87,582,015.	28	95,136,328.
	29 Permanently restricted net assets	124,526,413.	29	126,396,087.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	187,221,807.	33	193,746,488.
34 Total liabilities and net assets/fund balances	230,198,865.	34	242,118,526.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,088,211.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,256,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,168,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187,221,807.
5	Net unrealized gains (losses) on investments	5	15,017,281.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,324,038.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	193,746,488.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,295,729.	34,767,854.	26,728,181.	29,637,673.	30,228,393.	156,657,830.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	35,295,729.	34,767,854.	26,728,181.	29,637,673.	30,228,393.	156,657,830.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						25,058,930.
6 Public support. Subtract line 5 from line 4.						131,598,900.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	35,295,729.	34,767,854.	26,728,181.	29,637,673.	30,228,393.	156,657,830.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,287,271.	2,995,967.	3,327,274.	3,088,413.	3,777,769.	15,476,694.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						172,134,524.
12 Gross receipts from related activities, etc. (see instructions)					12	141,459,938.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	76.45 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	75.09 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
--	---

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,246,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,202,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,347,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SECURITIES	\$ 1,221,250.	06/25/2014
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number
13-1664054

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
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 gift	
Transferee's name, address, and ZIP + 4	Relationship 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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC. Employer identification number: 13-1664054

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements, including checkboxes for types of easements and a table for held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Questions 1a-1b and 2 regarding art and historical treasures, including amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	194,239,186.	189,134,266.	195,554,222.	183,468,756.	177,461,265.
b Contributions	1,425,022.	560,914.	2,172,763.	2,474,587.	9,424,342.
c Net investment earnings, gains, and losses	25,725,821.	20,524,483.	5,800,915.	21,910,774.	11,088,462.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,563,500.	15,980,475.	14,393,634.	12,299,892.	14,505,313.
f Administrative expenses					
g End of year balance	205,826,529.	194,239,188.	189,134,266.	195,554,225.	183,468,756.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,117,027.	7,946,878.	3,170,149.
d Equipment		17,944,984.	7,314,499.	10,630,485.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,800,634.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	105,297,683.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	105,297,683.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) ACCRUED PENSION LIABILITY	25,979,458.
(3) ACCRUED POSTRETIREMENT BENEFIT	4,088,384.
(4) ANNUITIES PAYABLE	702,214.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	30,770,056.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	79,222,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,017,281.
b	Donated services and use of facilities	2b	70,978.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,324,038.
e	Add lines 2a through 2d	2e	9,764,221.
3	Subtract line 2e from line 1	3	69,458,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	630,103.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	630,103.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	70,088,211.

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

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

1	Total expenses and losses per audited financial statements	1	72,697,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	70,978.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	70,978.
3	Subtract line 2e from line 1	3	72,626,670.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	630,103.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	630,103.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,256,773.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

DESCRIPTION OF COLLECTIONS SCHEDULE D PART III LINE 4

DESCRIPTION OF COLLECTIONS:

THE SOCIETY'S COLLECTIONS CONSIST OF ORIGINAL SCORES OF MUSIC AND OTHER HISTORIC PHOTOGRAPHS.

SCHEDULE D PART V LINE 4

USES OF THE SOCIETY'S ENDOWMENTS:

THE SOCIETY'S ENDOWMENT CONSISTS OF BOTH DONOR RESTRICTED AND BOARD DESIGNATED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING, BUT NOT LIMITED TO, INSTRUMENT CHAIRS, EDUCATION, AND GUEST SOLOISTS AND CONDUCTORS.

SCHEDULE D PART X

DISCLOSURE OF LIABILITY FOR UNCERTAIN TAX POSITIONS:

THE SOCIETY IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. DUE TO THE SOCIETY'S GENERAL NOT-FOR-PROFIT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE SOCIETY'S FINANCIAL STATEMENTS.

THE ANNUAL COMPLIANCE AND TAX FILINGS OF THE SOCIETY ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS BY OTHER VARIOUS STATE AND LOCAL AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE SUBMITTED. MANAGEMENT BELIEVES THAT THE SOCIETY HAS NO EXPOSURE FOR EXAMINATIONS OF ITS RETURNS FOR FISCAL YEARS PRIOR TO 2011.

Part XIII Supplemental Information (continued)

PART XII RECONCILIATION OF REVENUE

LINE 2D OTHER REVENUE REPORTED IN FINANCIAL STATEMENT NOT INCLUDED IN

990:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$ (\$57,711)

PENSION & POST-RETIREMENT BENEFIT PLAN ADJUSTMENT (5,266,327)

\$ (5,324,038)

=====

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

13-1664054

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		30,871,620.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		7,362,719.
(3) EUROPE			INVESTMENTS		12,272,783.
(4) EUROPE			INVESTMENTS		12,774,484.
(5) NORTH AMERICA			INVESTMENTS		7,720,737.
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONCERT TOURS	1,640,843.
(7) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CONCERT TOURS	55,797.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					72,698,983.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					72,698,983.

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART IV, LINES 4 AND 5

FOREIGN INVESTMENT FILINGS:

THE SOCIETY MAINTAINS INVESTMENTS IN FOREIGN PARTNERSHIPS AND PASSIVE

FOREIGN INVESTMENT COMPANIES. ALL REQUIRED FILINGS, IF ANY, ARE

COMPLETED APPROPRIATELY AND TIMELY FILED ON BEHALF OF THE SOCIETY BY THE

RESPECTIVE FUND MANAGER.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

Part I

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DCM INC.	TELEPHONE FUNDRAISER		X	1,507,196.	501,646.	1,005,550.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,507,196.	501,646.	1,005,550.

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.

CA, CT, FL, GA, IL,
KY, LA, MD, MA, MI, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		OPENING NIGHT	SPRING GALA	3.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,866,255.	1,192,373.	1,295,430.	5,354,058.
	2	Less: Contributions	2,697,455.	1,133,973.	1,168,355.	4,999,783.
	3	Gross income (line 1 minus line 2)	168,800.	58,400.	127,075.	354,275.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	720,586.	212,019.	280,587.	1,213,192.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,213,192.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-858,917.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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 If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARTER BREY MUSICIAN	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
2 GLENN E. DICTEROW MUSICIAN	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
3 ALAN GILBERT MUSIC DIRECTOR	(i)	Redacted	0	0	0	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
4 PHILIP F. MYERS MUSICIAN	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
5 PHILIP A. SMITH MUSICIAN	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM R. THOMAS SENIOR VICE PRESIDENT	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
7 R. MATTHEW VANBESIEN PRESIDENT AND EXEC DIR	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
8 LIANG WANG MUSICIAN	(i)	Redacted	0	0	Redacted	Redacted	Redacted	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHED J, PART I, LINE 3

COMPENSATION PRACTICES:

THE SOCIETY ENGAGES A CONSULTANT TO ASSIST WITH THE SEARCH PROCESS FOR KEY EMPLOYEES. THE CONSULTANT PROVIDES SALARY INFORMATION FOR COMPARABLE POSITIONS WITH SIMILAR ORGANIZATIONS AND RECOMMENDS A SALARY RANGE FOR THE VACANCY. CANDIDATES ARE INTERVIEWED BY THE PRESIDENT, THE SENIOR VICE PRESIDENT, THE HUMAN RESOURCES DIRECTOR AND OTHER EMPLOYEES AS APPROPRIATE. THE CHAIRMAN OF THE BOARD AND SELECT BOARD MEMBERS MAY INTERVIEW THE FINAL CANDIDATE(S) AS DEEMED APPROPRIATE.

THE AMOUNT SHOWN ON SCHEDULE J, COLUMN C, "RETIREMENT AND OTHER DEFERRED COMPENSATION" REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN ONLY

FORM 990, SCHEDULE J, PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL:

FIRST CLASS FLIGHTS ARE NOT USED. ON OCCASION, WHEN THERE IS NO COMMERCIAL FLIGHT AVAILABLE TO ACCOMMODATE THE TOURING SCHEDULE OF THE ORCHESTRA, A CHARTER FLIGHT MUST BE USED INSTEAD.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GERALD HASSELL	DIRECTOR	187,500.	INVESTMENT CUSTODIAL FEES		X
(2) JOSHUA BELL	DIRECTOR	131,310.	PERFORMANCE FEES TO MGMT CO		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	70.	3,434,126.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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 O
(Form 990 or 990-EZ)

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 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

PART VI, SECTION A, LINE 6

MEMBERSHIP:

NEW MEMBERS OF THE BOARD OF DIRECTORS ARE NOMINATED BY A SUBCOMMITTEE OF
THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD.

PART VI, SECTION B, LINE 11B

REVIEW PROCESS FOR FORM 990:

THE SOCIETY'S FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTING FIRM
WITH DATA PROVIDED BY ITS FINANCE DEPARTMENT. WHEN THE SOCIETY'S STAFF
AND ACCOUNTING FIRM APPROVE THE DRAFT RETURN, IT IS THEN PROVIDED TO THE
AUDIT COMMITTEE FOR REVIEW AND APPROVAL. THE SOCIETY'S BOARD OF DIRECTORS
HAS DELEGATED RESPONSIBILITY FOR REVIEWING THE FORM 990 TO THE AUDIT
COMMITTEE.

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

THE SOCIETY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL OFFICERS,
DIRECTORS, AND SENIOR STAFF TO REVIEW AND DISCLOSE POTENTIAL CONFLICTS
ANNUALLY. RESPONSES ARE COMPILED AND REVIEWED ANNUALLY.

PART VI, SECTION B, LINE 15B

COMPENSATION PRACTICES:

THE SOCIETY ENGAGES A CONSULTANT TO ASSIST WITH THE SEARCH PROCESS FOR

Name of the organization

THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

Employer identification number

13-1664054

KEY EMPLOYEES. THE CONSULTANT PROVIDES SALARY INFORMATION FOR COMPARABLE POSITIONS WITH SIMILAR ORGANIZATIONS AND RECOMMENDS A SALARY RANGE FOR THE VACANCY. CANDIDATES ARE INTERVIEWED BY THE PRESIDENT, THE SENIOR VICE PRESIDENT, THE HUMAN RESOURCES DIRECTOR AND OTHER EMPLOYEES AS APPROPRIATE. THE CHAIRMAN OF THE BOARD AND SELECT BOARD MEMBERS MAY INTERVIEW THE FINAL CANDIDATE(S) AS DEEMED APPROPRIATE.

PART VI, SECTION C, LINE 19

PUBLIC INSPECTION:

FINANCIAL STATEMENTS ARE POSTED ON THE SOCIETY'S WEBSITE. CONFLICT OF INTEREST POLICY AND CERTAIN GOVERNMENT DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS

RECONCILIATION OF NET ASSETS:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$ (\$57,711)

PENSION & POST-RETIREMENT BENEFIT PLAN ADJUSTMENT (5,266,327)

TOTAL ADJUSTMENT \$ (5,324,038)

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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO MAINTAIN AND FOSTER AN INTEREST IN THE ENJOYMENT OF MUSIC AND MUSICAL AFFAIRS, TO INCULCATE IN ITS MEMBERS IN THE COMMUNITY OF NEW YORK CITY AND THE WORLD AT LARGE AN INTEREST IN SYMPHONY MUSIC, AND IN ORDER TO FOSTER SUCH INTEREST AND THE APPRECIATION OF MUSIC, AMONG OTHER THINGS, TO CAUSE THE PERFORMANCE OF SYMPHONIC AND OTHER MUSICAL

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PERFORMANCES IN THE CONCERT AND OTHER HALLS, AND BY AUDIO AND VISUAL RECORDINGS AND LIVE PERFORMANCES BROADCAST OVER THE RADIO, TELEVISION AND THE WORLD WIDE WEB.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DURING THE 2013/2014 SEASON 117 REGULAR SUBSCRIPTION CONCERTS WERE PERFORMED FOR THE LISTENING AUDIENCE OF 261,105. THE NEW YORK PHILHARMONIC CONCERT PERFORMANCES MAINTAIN AND FOSTER AN INTEREST IN SYMPHONIC MUSIC FOR INDIVIDUALS OF DIVERGING CULTURES AND BACKGROUNDS. THE NEW YORK PHILHARMONIC SPONSORS A NUMBER OF EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS. SOME OF THESE PROGRAMS ARE AS FOLLOWS:

- (1) MUSICAL ENCOUNTERS OFFERS STUDENTS IN THE 4TH - 12TH GRADES A CLOSE LOOK AT THE NEW YORK PHILHARMONIC AND THE EXCITING WORLD OF ORCHESTRAL MUSIC.
- (2) TEACHERS SEMINARS ARE OPEN TO BOTH MUSIC AND NON-MUSIC TEACHERS. THESE PROFESSIONAL DEVELOPMENT SEMINARS EXPLORE BASIC PRINCIPLES OF MUSIC, AND THE REPERTOIRE OF THE NEW YORK PHILHARMONIC. EACH SEMINAR IS TAUGHT BY A FACULTY MEMBER OF THE PHILHARMONIC'S EDUCATION DEPARTMENT AND IS FOLLOWED BY AN EVENING CONCERT BY THE NEW YORK PHILHARMONIC.
- (3) THE NEW YORK PHILHARMONIC SUPPORTS A PARTNERSHIP PROGRAM WITH A NUMBER OF NEW YORK CITY PUBLIC SCHOOLS. THE GOALS OF THE PROGRAM ARE (A) TO BUILD A FUNDAMENTAL KNOWLEDGE OF MUSIC, OF A SYMPHONY

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
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ATTACHMENT 2 (CONT'D)

ORCHESTRA AND ITS REPERTOIRE AMONG TEACHERS, STUDENTS AND PARENTS;

(B) TO DEVELOP AN ONGOING MULTI-YEAR RELATIONSHIP WITH A BODY OF SCHOOLS IN NEW YORK CITY; AND (C) TO SET A STANDARD OF EXCELLENCE WHICH DEFINES A COMMUNITY. THE PROGRAM INVOLVES PROFESSIONAL DEVELOPMENT FOR TEACHERS, WORKSHOP FOR PARENTS, AND ONGOING IN-SCHOOL SESSIONS FOR STUDENTS SHARED BY THEIR TEACHERS AND TEACHING ARTISTS FROM THE NEW YORK PHILHARMONIC.

(4) OPEN REHEARSALS. SCHOOL GROUPS AND THE GENERAL PUBLIC ARE INVITED ON SELECTED MORNINGS TO WATCH THE FASCINATING PROCESS OF A NEW YORK PHILHARMONIC REHEARSAL.

(5) YOUNG PEOPLES CONCERTS ARE FORMED TO INTRODUCE YOUNG LISTENERS TO SOME OF THE GREAT MASTERWORKS OF ORCHESTRA, AND SOME OF THE WORLD'S GREAT MUSICIANS. WRITTEN MATERIALS ARE DISTRIBUTED TO THE CHILDREN AT THE CONCERTS. BEFORE EACH YOUNG PEOPLES CONCERT, FAMILIES CAN ENJOY CHILDREN'S PROMENADES, FEATURING A COLORFUL HOUR OF EXCITING DEMONSTRATIONS, MUSIC-MAKING ACTIVITIES AND A CHANCE FOR CHILDREN TO MEET MEMBERS OF THE ORCHESTRA. FOUR CONCERTS ARE PERFORMED PER SEASON. THIS SEASON PERFORMANCE WAS 10,388 INDIVIDUALS. IN 2005-06 THE ORCHESTRA INTRODUCED VERY YOUNG PEOPLE'S CONCERTS FOR PRESCHOOLERS. NINE CONCERTS REACHED AN AUDIENCE OF 3,257 PEOPLE DURING THE 2013-14 SEASON. "LIVE FROM LINCOLN CENTER" TELEVISION PERFORMANCES. TWO CONCERTS WERE NATIONALLY TELEVISED TO BRING ORCHESTRA INTO OUR HOMES.

THE NEW YORK PHILHARMONIC PERIODICALLY MAKES RECORDINGS OF ITS

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
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ATTACHMENT 2 (CONT'D)

PERFORMANCE FOR INTERNATIONAL SALES AND BROADCASTS ITS PERFORMANCES OVER THE RADIO NATIONALLY AND INTERNATIONALLY. THESE RECORDINGS BRINGS CLASSICAL MUSIC TO PEOPLE ALL OVER THE WORLD AND FOSTER THEIR APPRECIATION OF SYMPHONIC MUSIC AND REPERTOIRE. EACH SEASON THE NEW YORK PHILHARMONIC ORCHESTRA GOES ON TOUR INSIDE AND OUTSIDE THE UNITED STATES. THE TOUR HELPS TO FOSTER THE GLOBAL REPUTATION OF THE NEW YORK PHILHARMONIC BY BRINGING CLASSICAL MUSIC TO A BROADER AUDIENCE AND DIFFERENT CULTURES. FIFTEEN TOUR CONCERTS WERE ENJOYED BY AN AUDIENCE OF OVER 33,956 PEOPLE.

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS
CANADA
CURACAO
IRELAND

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AZ, CA, CO, CT,
DC, FL, GA, IL, KY, LA, ME, MD, MA, MI,
NH, NJ, NM, NY, NC, OH, OK, OR, PA,
RI, SC, TN, VA, WA, WV, WI,

Name of the organization THE PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.	Employer identification number 13-1664054
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ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DCM, INC. 45 MAIN STREET SUITE 816 BROOKLYN, NY 11201	TELEFUNDRAISING SERV	500,000.
BLUETUBE INTERACTIVE, LLC 1123 ZONOLITE ROAD, SUITE #9 ATLANTA, GA 30306	INFO. TECHNOLOGY	409,260.
OPUS 3 ARTISTS, LLC 470 PARK AVENUE SOUTH, 9TH FLOOR NEW YORK, NY 10016	ARTIST MGMT AGENCY	547,020.
SD & A TELESERVICES 5757 WEST CENTURY BLVD, SUITE 300 LOS ANGELES, CA 90453	TELEMARKETING SERV	362,277.
BUDD ENTERPRISE LTD. P.O. BOX 2254 GRAND CENTRAL STATION NEW YORK, NY 10017	TRUCKING COMPANY	352,592.