Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

➤ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013 Check if applicable: C Name of organization D Employer identification number AMERICAN SYMPHONY ORCHESTRA LEAGUE Address change D/B/A LEAGUE OF AMERICAN ORCHESTRAS Name change Doing Business As LEAGUE OF AMERICAN ORCHESTRAS 23-7300636 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 33 WEST 60TH STREET 5TH FLOOR Termin-212-262-5161 Amende City, town, or post office, state, and ZIP code G Gross receipts \$ 4,797,093. Applica-NEW YORK, NY 10023 pending H(a) Is this a group return F Name and address of principal officer: JESSE ROSEN for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included?) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.AMERICANORCHESTRAS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other -L Year of formation: 1962 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LEAGUE OF Governance AMÉRICAN ORCHESTRAS IS TO LEAD, ENCOURAGE, SUPPORT AND SERVE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & 45 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 46 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 187,958. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Contributions and grants (Part VIII, line 1h) **Current Year** 6,543,050. 3,893,301. Program service revenue (Part VIII, line 2g) 9 875,275. 650,967. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84,300. 87,458. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,138. 24,236. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,533,763. 4,655,962. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 95,871 497,550. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,318,731. 3,187,544. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,855,171. 2,204,583. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,889,677. 6,269,773 Revenue less expenses. Subtract line 18 from line 12 1,263,990. -1,233,715.Sets or Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 8,908,362. 8,066,663. 21 Total liabilities (Part X, line 26) et/ end/ 1,217,087. 1,145,056. Net assets or fund balances. Subtract line 21 from line 20 7,691,275. 6,921,607. 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. CLIENT COPY Signature of officer Sign Date JESSE ROSEN, Here PRES/CEO Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid ROBERT LYONS P00227472 Preparer Firm's name MARKS PANETH LLP Firm's EIN 11-3518842 Firm's address 585 THIRD AVENUE Use Only NEW YORK, NY 10017 Phone no. 212 503-8800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form 8453-EO

Exempt Organization Declaration and Signature for **Electronic Filing**

OMB No. 1545-1879

For calendar year 2012, or tax year beginning OCT 1 _____, 2012, and ending SEP 30 , 20 13 Department of the Treasury internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Name of exempt organization AMERICAN SYMPHONY ORCHESTRA LEAGUE Employer identification number D/B/A LEAGUE OF AMERICAN ORCHESTRAS 23-7300636 Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more 4655962 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______2b 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) ______ 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here ▶ □ b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) Part Declaration of Officer I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's selectronic return. I conserve to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Here Signature of officer Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my

knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Use	ERO's lignature Date Check if also paid preparer Williams properly with a sho paid preparer Williams and ZP code NEW YORK, NY 10017	Check if self- employed P00227472 EIN 11-3518842 Phone no.
Paid	NEW YORK, NY 10017 To paying, To be see that I have submitted to the Destroy and Section and Section and Section and Section and Information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date	Check if PTIN
Prepare Use Oni		self- employed
		Phone no.

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

v 1 /

Product: Exempt

Category:

Name: AMERICAN SYMPHONY ORCHESTRA IRS Center: Ogden

e-Postmark: 4/7/2014 3:50:21 PM

LEAGUE

Notification:

FEIN: 23-7300636 Fiscal Year 10/1/2012

Fiscal Year9/30/2013

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	4/7/2014	Upload Started			
	4/7/2014	Ready to Release by Customer			
		Released for Transmission - Validation in Progress			FMiller
	4/7/2014 Ready to transmit - Validation Complete	Ready to transmit - Validation Complete			
·	4/7/2014	Transmitted to FD	13363120140970348e06		
	1	Accepted by FD on 4/7/2014			

L	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	
	THE MISSION OF THE LEAGUE OF AMERICAN ORCHESTRAS IS TO LEAD,
	DIVOCOLLAGE, SUFFORT AND SERVE ORCHREGIDAE ACCUER ACCURRENT ACCURRENT
	THE MUSICAL EXPERIENCE, STRENGTHEN THE ENTIRE ORCHESTRAL ORGANIZATION
	AND DEEPEN THEIR CONNECTIONS WITH THEIR PUBLIC AND THEIR COMMUNITIES.
2	Did the organization undertake and influence with THEIR PUBLIC AND THEIR COMMUNITIES.
_	the second distribution and significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes " describe these parameters of the second of th
_	" 163, describe triese new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	in res, 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 \$ 2,023,262. including grants of \$ 497,550.) (Revenue \$ 463,009.
	DELIGITIO AND DEADERSHIP DEVELOPMEND
	THE LEAGUE OFFERS A VARIETY OF SEMINARS, FELLOWSHIPS, MENTORING
	OTHERD, ONLINE DEARNING, AND MERTINGS TOPOLOGICAL OPERIORS AND AND MERTINGS
	DOIND MINDERD, MODICIANS, AND VOLUNTRING CAR DITTED TRATES TO THE COLOR
	SKILLS TO ADDRESS THEIR ORCHESTRAS' SHORT- AND LONG-TERM CHALLENGES AND
	EVALUATE AND IMPROVE GOVERNANCE PRACTICE. THE ANNUAL NATIONAL
	CONFERENCE OFFERS ADDITIONAL OPPORTUNITIES. THE ANNUAL NATIONAL
	CONFERENCE OFFERS ADDITIONAL OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT
	WHILE INCVIDING A FORUM TO DISCUSS EMERGING ISSUES AND TRENDS EVOLUTION
	IDEAS, AND MODEL POSSIBLE SOLUTIONS TO COMMON PROBLEMS.
4b	(Code:) (Expenses \$ 1,075,026. including grants of \$) (Revenue \$ 187,958.)
	COMMUNICATIONS AND PUBLIC RELATIONS (Revenue \$ 187,958.)
	THE LEAGUE PROVIDES OF STREET
	THE LEAGUE PROVIDES ORCHESTRAS AND INDIVIDUALS WITH UPDATES AND NEWS
	ADOUT THE FIELD; DEVELOPS STRATEGIC MESSAGING ABOUT THE DUDLIC WALTE OF
	ORCHESTRAS, FOR USE NATIONALLY AND BY ORCHESTRAS LOCALLY, FURNICUES
	FIEDD-WIDE DATA AND CONTEXT TO JOURNALISTS: AND PROVIDES MEDIA
	RELATIONS GUIDANCE TO ORCHESTRAS NATIONWIDE.
	The state of the s
ŀc	(Code:) (Expenses \$ 320,585. including grants of \$) (Revenue \$
	RESEARCH AND DEVELOPMENT (Revenue \$) (Revenue \$)
	THE LEAGUE EQUIPS ORCHESTRAS WITH INDUSTRY-SPECIFIC RESEARCH AND
	INFORMATION TO FUEL INNOVATION AND PROVIDES THE DATA AND INFORMATION
	THEI NEED TO MAKE KEY DECISIONS. THE LEAGUE ALSO CONDUCTE ANALYZING
	AND DISSEMINATES A RANGE OF SURVEYS-FROM OUTCK OURSTLONG FOCULTING ON
	SPECIFIC ISSUES, TO ANNUAL, IN-DEPTH STUDIES.
_	
d .	Other program services (Describe in Schedule O.)
	(Expanses \$ 854 641
	Total program comits (CXP) (Revenue \$
<u>-</u>	Total program service expenses ► 4,273,514.
002	Form 990 (2010)

Page 3

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	s No
	" res, complete scriedule A	1.	١,	.
	Schedule of Contributors	- -1		
;	public office 2 if "You I garget it a consistence of indirect political campaign activities on behalf of or in opposition to candidates for		+^	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbyting activities.		+	X
Ę	The sand tax your in the scriedule C, Part II	. 4	X	
ϵ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds as any circles for the second state of the second state	. 5		X
	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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	/ 6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		ļ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of works of art, historical treasures, or other similar and a full of the collections of the collecti		↓	X
	Constant B, r art m	_		
9		8	+	X
	ff "Year" complete Schedule D. In 1917, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	Did the organization, directly or through a related organization, hold assets in termonality.	9	-	X
	ondownients, or quasi-endowments? If "res," complete Schedule D. Part V	100		1
11	Then complete Schedule D. Darto VI. VII. VIII. IV. and	10	X	+
	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-1-1	g and the	-5
		11a	x	ļ
ŧ		1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	116		X
,	The trib digenization report an amount for investments - program related in Dort V line 40 that is For			
	assets reported in Part X, line 16? if "Yes," complete Schedule D. Part VIII	11c		X
	Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		х
e	To be a supplied that the other liabilities in Part X. line 257 if "yes " complete Schedule D. Dost V	11e	X	<u> </u>
f	The the digarization's separate of consolidated financial statements for the tax year include a footpote that address as	· · · ·		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part V.	111	х	ļ
	Schedule D, Parts XI and XII	12a	х	
b	was the organization included in consolidated, independent audited financial statements for the day	120		
	If res, and if the organization answered "No" to line 12a, then completing Schedulo D. Borto Vice of the control of the contro	12b	ŀ	X
13	" " Vec " complete Cohest. In Section 1 / Π(Δ)(1)/ Δ)(1)/ If "Vec " complete Cohest. In F	13		X
h	The sale of garaged of maintain an office, employees, or agents outside of the United States?	14a		X
J	and 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. Boto Lond III."		I	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX column (A) line 3 more than \$5,000.	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization.		ł	
16		15		<u>X</u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of aggregate grants or assistance to individuals		-	••
17	and the gamma don't opon a total of filling that a fall of the professional file desired	16	\dashv	<u>X</u>
	Column (A), lines 6 and 11e? If Yes, "complete Schedule G, Part I		1	v
	The state of the s	17	\dashv	<u>x</u>
	to and dar it less, complete schedule G, Part II	18		X
	gaming activities on Part VIII, line 9a? If "Yes,"	-10		<u></u>
	Complete Schedule G, Part III	19	- 1	X
zua L	The state of the control of the cont	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	7	

2:	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	X	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III		\ v	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization of	22	X	┼—
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ves " complete	1	1	
	Concade y	000	x	ļ
24	and the state of t	23	<u>^~</u>	-
	last day of the year, that was issued after December 31, 2002? If "Yes " answer lines 24h through 24d and associate	1	1	
	Scriedule K. If "No", go to line 25	24a		X
	a minute and brooked of tax exempt boilds beyond a temporary behad exceptions	24b	 	122
1	but the organization maintain an escrow account other than a refunding escrow at any time during the year to defeace	240	 	
	any tax-exempt bonds?	24c		
	o and an on contain or issued for bonds outstanging at any time diffing the year?	24d		
25	- Section 50 I(C)(3) and 50 I(C)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
·	The 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-F72 if "Ves." complete	1 :		
00	Schedule L, Fait I	25b		X
26	was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or discussifications			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		X
21	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			
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			144
9	instructions for applicable filing thresholds, conditions, and exceptions):			
h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
·	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? If "Yes," complete Schedule L, Part IV		1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes," complete Schedule M		f	77
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
	If "Yes," complete Schedule N, Part I	٠		77
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
	Schedule N, Part II		1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-+	<u>~</u>
	Part V, line 1	34	-	X
35a	The drie organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{x}{x}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity.	~	-+	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
36	Section 30 ((c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	ir "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \vdash$	
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

012) D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V Part V

					Ye	s No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l ta l	4	4	1.6	5 IV(
ŧ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1h		र्व		
(Did the organization comply with backup withholding rules for reportable payments to vendors an 	d reportat	ole gaming	Ť		
_	(gambling) winnings to prize winners?			10		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements	- 1 - 1			144	6 Egs
	filed for the calendar year ending with or within the year covered by this return	2a	4	6	1	
	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		4.77		
Ja h	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	• • • • • • • • • • • • • • • • • • • •		3b	X	
⊤ a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authorit	y over, a			Т
h	financial account in a foreign country (such as a bank account, securities account, or other financial for "Yes," enter the page of the fearing action	al accoun	t)?	4a		X
	If "Yes," enter the name of the foreign country:					
50	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Account	ts.			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		X
	The state of the s	saction?		5b		X
62	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
va	contribution that were real to the difference of the organization have annual gross receipts that are normally greater than \$100,000, and did	the organ	nization solicit			
h	any contributions that were not tax deductible as charitable contributions?			6a		X
U	If "Yes," did the organization include with every solicitation an express statement that such contrib were not tax deductible?			1	1	
7	***************************************	•••••		6b		<u> </u>
a	Organizations that may receive deductible contributions under section 170(c).			State.		· 特. 图:
	and party to made party as a contribution and party to goods and s	ervices pro	vided to the payor?	7a		X
c	the value of the goods of services provided?			7b		1
·	The standard of the standard of the standard property for which it	was requi	red	1		
d	to file Form 8282?	············	••••••	7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year	7d			6.2	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	contract?		7e		ļ
	If the organization received a contribution of qualified intellectual property, did the organization file I	tract?		7 1	<u> </u>	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	-om 8899	as required?	7g		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	zation file	a Form 1098-07	7h	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t anv time o	puring turing the year?			
9	Sponsoring organizations maintaining donor advised funds.	carry unite (auring the year?	8		J. 10
а	Did the organization make any tayable distributions under pastics 40000		,	0-	N 10 11 1	5.75
b	Did the organization make a distribution to a donor, donor advisor, or related person?		••••••	9a 9b		
10	Section 501(c)(7) organizations. Enter:			90	\$ (50 kg)	77.4
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					på i
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1.41	13.15	7. A. 2. A.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	ls the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			11.45		2
b 1	Enter the amount of reserves the organization is required to maintain by the states in which the					
(organization is licensed to issue qualified health plans	13b				61.81 kg = 1
C !	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	T	X
0 1	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O	Г	14b		

AMERICAN SYMPHONY ORCHESTRA LEAGUE

Page 6

Form 990 (2012) D/B/A LEAGUE OF AMERICAN ORCHESTRAS 23-7300636 Page
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 to any question in this Part VI			X								
Se	ction A. Governing Body and Management											
			Yes	No								
18	Enter the number of voting members of the governing body at the end of the tax year	5										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			i Dalibili Dalibili								
b	The last terms of the stage of	5										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			X								
	of officers, directors, or trustees, or key employees to a management company or other person?	3	•	x								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5												
6	Did the organization have members or stockholders?	6	X	X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			 								
	more members of the governing body?	7a	X									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1	1 ==-	 								
	persons other than the governing body?	7b	X	1								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1.5	7								
а	The governing body?	8a	x	1 %								
b	Each committee with authority to act on behalf of the governing body?	8b	X	 								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	+	_								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		+									
	, , , , , , , , , , , , , , , , , , ,		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	-	 								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Į.	İ								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116	4,7	9 1								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	 									
	in Schedule O how this was done	12c	x	ĺ								
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent	17	1.07.63									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	Х	P 507 ± 1 7								
b	Other officers or key employees of the organization	15b	X									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	7.3 7. 17	SK S								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1. Kanada										
	taxable entity during the year?	160	(1) A 10 (56)	X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	1.00	#15 E								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	of the										
	exempt status with respect to such arrangements?	466										
	ion C. Disclosure	16b										
	List the states with which a copy of this Form 990 is required to be filed ▶NY											
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		1-									
	for public inspection. Indicate how you made these available. Check all that apply.	avaiiaD	IE									
	V -											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	.1.6										
	statements available to the public during the tax year.	d finar	icial									
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza											
	STEPHEN LISNER, COO - 646-822-4048	tion: 🕨										
	33 WEST 60TH STREET 5TH FLOOR, NEW YORK, NY 10023											

Form 990 (2012)

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

23-7300636 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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;

Check this box if neither the organizatio (A)	(B)	1		- ((C)			(D)		450
Name and Title	Average hours per week	bo	o not x, unle ficer a	Pos check ess p	sitio	than	th an	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) BURTON ALTER	(list any hours for related organization below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DIRECTOR	2.00	$ _{\mathbf{x}}$						0.	0.	0
(2) ALBERTA ARTHURS	2.00		1	1	\vdash				0.	0.
DIRECTOR (3) BRENT ASSINK		x						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(4) DR. MALCOLM MCDOUGAL BROWN DIRECTOR (5) JOHN B. CANNING	2.00	х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(6) KATHERINE CARLETON DIRECTOR	2.00	x						0.	0.	
(7) RICHARD M. CISEK DIRECTOR	2.00					\exists				0.
(8) AUDREY G BAIRD	2.00	X		\dashv	_	\dashv	-	0.	0.	0.
DIRECTOR (FORMER)		X						0.	0.	0.
(9) ROLAND M. CARTER DIRECTOR (FORMER)	2.00	x								
(10) PETER D. CUMMINGS	2.00			1	\dashv	\dashv	\dashv	0.	0.	0.
DIRECTOR (FORMER)		X						0.	0.	0.
(11) ANGELO FATTA DIRECTOR (FORMER)	2.00	x			.]			0.	0	
(12) DAVID V. FOSTER	2.00		\dashv	_	寸	十	+	- 0.	0.	0.
DIRECTOR (FORMER)		x					- [0.	0.	0.
(13) EDWARD B. GILL	2.00		1		\dashv	寸	✝			
DIRECTOR (FORMER)		\mathbf{x}			- 1	ı	ł	0.	0.	0.
(14) JENNIFER HIGDON	2.00			Т		T	T			
DIRECTOR (FORMER)		X	\perp	\perp				0.	0.	0.
(15) ZARIN MEHTA	2.00	_								
DIRECTOR (FORMER) (16) STEVE PAYNE		X	_ _	4	\perp	\perp	\perp	0.	0.	0.
DIRECTOR (FORMER)	2.00	Ţ								
(17) DEBRA RUTTER	2.00	X	-	+	+	+		0.	0.	0.
DIRECTOR (FORMER)		\mathbf{x}		- 1	- [ı			

Part VII Section A. Officers, Direct												
(A)		(B)			(C)			(D)			(=)
Name and title		Average	1		Pos	sition	١		Reportable	(E)		(F)
		hours per	bo	o not o x, unle	ess pe	erson	is bo	th an	compensation	Reportable		Estimate
		week	off	icer a	nd a d	irecto	or/trus	stee)	from	from related		amount of other
		(list any	ecto				İ		the	organization		compensat
		hours for	9]	ted		organization	(W-2/1099-MIS		from the
		related organizations	stee	ruste	Ι,		en Se		(W-2/1099-MISC)		-,	organizatio
		below	기를	la t		loyee	E C					and relate
	1	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Ē				organizatio
18) JOHN J. PALMER		2.00	ļĒ	Ĕ	ਰ	<u>ş</u>	売	횬				
DIRECTOR (FORMER)	t		\mathbf{x}						0.		_	
19) MELANIE CLARKE		2.00	+==	\vdash	\vdash	-	Н	\vdash			0.	
IRECTOR	ŀ		x						0			
20) GLORIA DEPASQUALE		2.00	1					-	0.		0.	
IRECTOR	H	2.00	x						ا م			
21) HELEN J. DEVOS		2.00	A	$\vdash \dashv$	\dashv	\dashv	\dashv	-	0.		0.	
IRECTOR	-	4.00	x	أا		ĺ						
22) AARON DWORKIN	-	2.00	1		\dashv	4	_	_	0.		0.	
IRECTOR	F	4.00							_			
23) DR. AARON FLAGG		2 00	X	_	-	_			0.		0.	
IRECTOR	<u> </u>	2.00		- 1		ĺ		ļ	ł		T	
24) MARIAN GODFREY		2 00	X	_	_		_	_	0.		0.	
IRECTOR	_	2.00		ı	İ	- 1		- 1				
25) JIM HASLER		2 22	X	_	4	4	\perp	\perp	0.		0.	
IRECTOR	<u> </u> _	2.00			-	ł	- 1					
26) RHONDA HUNSINGER		2 00	X	_	\perp	_	4	_	0.		0.	
RECTOR	ļ	2.00		j	- [
	<u></u>		Х	\perp					0.		0.	
1b Sub-total						!		L	0.		0.	
c Total from continuation sheets to	Part VII,	Section A							980,860.		0.	79,30
						'					U • [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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d Total (add lines 1b and 1c)	ng but not						•	rec	980,860.		0.	79,30
d Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization	ng but not						•	o rec	980,860.		0.	
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Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization) Did the organization list any former line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the Did any person listed on line 1a recerendered to the organization? If "Yes ection B. Independent Contractors Complete this table for your five high the organization. Report compensation Name and but AY GOLAN	ng but not n for such is the sum an \$150,0 eive or acces, "completion for the (A) usiness ad	limited to the rector, or true in individual of reportable 100? If "Yes," true compensete Schedule pensated indepensated independent years.	stee, com satio	key mper mpleten free	emp	ove)	who	or high	980,860. eived more than \$100,000 ghest compensated emore treatment of the such individual organization or individual organization or than \$100 organization's tax yes (B) Description of ser	ployee on e organization ual for services	O.	79,30 Yes N 3 2 4 X 5 2 ion from (C) npensation
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Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization) Did the organization list any former line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the Did any person listed on line 1a recerendered to the organization? If "Yes ection B. Independent Contractors Complete this table for your five high the organization. Report compensation Name and but AY GOLAN	ng but not n for such is the sum an \$150,0 eive or acces, "completion for the (A) usiness ad	limited to the rector, or true in individual of reportable 100? If "Yes," true compensete Schedule pensated indepensated independent years.	stee, com satio	key mper mpleten free	emp	ove)	who	or high	980,860. eived more than \$100,000 ghest compensated emore treatment of the such individual organization or individual organization or than \$100 organization's tax yes (B) Description of ser	ployee on e organization ual for services	O.	79,30 Yes N 3 2 4 X 5 2 ion from (C) npensation
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization) Did the organization list any former line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the Did any person listed on line 1a recerendered to the organization? If "Yes ection B. Independent Contractors Complete this table for your five high the organization. Report compensation Name and but AY GOLAN	ng but not n for such is the sum an \$150,0 eive or acces, "completion for the (A) usiness ad	limited to the rector, or true in individual of reportable 100? If "Yes," true compensete Schedule pensated indepensated independent years.	stee, com satio	key mper mpleten free	emp	ove)	who	or high	980,860. eived more than \$100,000 ghest compensated emore treatment of the such individual organization or individual organization or than \$100 organization's tax yes (B) Description of ser	ployee on e organization ual for services	O.	Yes N 3 2 4 X 5 2 ion from (C) npensation
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization) B Did the organization list any former line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the Did any person listed on line 1a recerendered to the organization? If "Yes ection B. Independent Contractors Complete this table for your five high the organization. Report compensation Name and but AY GOLAN O 4TH STREET, BROOK	ng but not n for such is the sum san \$150,0 eive or acces, "completion for the (A) usiness ad	limited to the rector, or trus the individual of reportable 100? If "Yes," crue compensate Schedule pensated indepensated	stee, com satio J for	key mper mplete n from	empinsati e Scom and the period of the perio	ove) coloye coloye colored ny u colored ntrace h or	who who were the with the with	or high	980,860. eived more than \$100,000 ghest compensated emore than \$100,000 r compensation from the such individual corganization or individual corganization or individual to received more than \$100 erganization's tax years (B) Description of ser	ployee on e organization ual for services 100,000 of compear. vices ERVICES	O.	79,30: Yes N
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization) Did the organization list any former line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the Did any person listed on line 1a recerendered to the organization? If "Yes ection B. Independent Contractors Complete this table for your five high the organization. Report compensation Name and but AY GOLAN	ng but not n for file of for such is the sum an \$150,0 eive or access, "completion for the (A) usiness ad	limited to the rector, or true th individual of reportable 100? If "Yes," crue compensete Schedule bensated independent of a calendar years. NY 112:	stee, com satio J for	key mper mplete n from	empnsatife Scorn and performance of the control of	ove) coloye coloye colored ny u colored ntrace h or	who who were the with the with	or high	980,860. eived more than \$100,000 ghest compensated emore than \$100,000 r compensation from the such individual corganization or individual corganization or individual to received more than \$100 erganization's tax years (B) Description of ser	ployee on e organization ual for services 100,000 of compear. vices ERVICES	O.	Yes N Yes N X X Ion from (C) Inpensation

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Part VII Section A. Officers, Directors, T	(B)	Т			(C)			Compensated Emplo		1
Name and title	Average	1			(C) sition	_		(D)	(E)	(F)
	hours	1	chec				alv)	Reportable compensation	Reportable	Estimated
	per	H		T	T	T	1	from	compensation from related	amount of
	week					98		the	organizations	other
•	(list any	director				를 1		organization	(W-2/1099-MISC)	compensation from the
	hours for	ji ji			1	ted er		(W-2/1099-MISC)	(** = 1000 141100)	organization
	related		ruste	Ī		ensal	ŀ	,		and related
	organization	Individual trustee	Institutional trustee	1	Key employee	Highest compensated employee				organizations
	below line)	lyidu	損	Officer	yemp	hest	Р огшег			
(27) MARK JUNG	. 1		↓ ≝	통	<u>ş</u>	星	Ē			
DIRECTOR	2.00									
(28) CAMILLE LABARRE	200	X	1_	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
DIRECTOR	2.00	_				ĺ				
		X	1_	L.	L			0.	0.	0.
(29) ROBERT LEVINE	2.00		1							<u>`</u>
DIRECTOR		X	1		L			0.	0.	0.
(30) HUGH W. LONG, PHD	2.00									Ţ,
DIRECTOR		X						0.	0.	0.
(31) JAMES MABIE	2.00									
DIRECTOR		X					١	0.	0.	0.
(32) DAVID ALAN MILLER	2.00					\neg				
DIRECTOR		X				- 1	- 1	0.	0.	0.
(33) STEVE PARRISH	2.00									
DIRECTOR		X						0.	0.	0.
(34) ANNE PARSONS	2.00						\neg			
DIRECTOR		X	1 1	- 1	.]			0.	0.	0.
(35) MARY PATTON	2.00			\neg	\dashv	1	寸			0.
DIRECTOR		Х		- 1	ı			0.1	0.	0.
(36) ROBERT PEISER	2.00					\dashv	_			
DIRECTOR		X			- 1		ı	0.	0.	0.
(37) RICHARD T. PRINS	2.00	_		一	_	\dashv	\dashv		- 0.1	
DIRECTOR		x		- 1		- 1		0.	0.	0
(38) ROBERT B. ROSOFF	2.00		\vdash	-+	\dashv	\dashv	+			0.
DIRECTOR		X				-		0.	0.	0
(39) CYNTHIA M. SARGENT	2.00	_	-	+	+	\dashv	\dashv			0.
DIRECTOR		Х		- 1		ı	-	0.	0.	0
40) HELEN P. SHAFFER	2.00	_	\dashv	\dashv	-+	-	╁			0.
DIRECTOR		\mathbf{x}		- 1				0.		•
41) JAMIE STEINEMANN	2.00		\dashv	+	\dashv	+	+		0.	0.
PIRECTOR		x		1	- 1			0.	.	•
42) PENNY VAN HORN	2.00	╗	\dashv	\dashv	+	+	+		0.	<u> </u>
PIRECTOR		$_{\rm x}$						0.		•
43) ROBERT J. WAGNER	2.00		-	+	+	+	+		0.	0.
IRECTOR		\mathbf{x}						0.	_	•
44) CHRISTINE J. WARD	2.00		\dashv	\dashv	+	+	+	<u>U•</u>	0.	<u> </u>
IRECTOR		x						0.		•
45) ALBERT K. WEBSTER	2.00	*	+	+	+	+	+	U.	0.	0.
IRECTOR		\mathbf{x}							_	_
46) BRUCE E. CLINTON	4.00	^	+	+	+	+	+	0.	0.	0.
	4.00	1	- 1	ı	J	- 1	-1		1	
IR/TREASURER		x	- 1-	K	ı		- 1	0.	0.	0.

Form 990

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oye	es, a	and	Hia	hest	CHESTRAS Compensated Employ	23-730	0636
(A)	(B)	T		(C)	9.	1031	(D)	(E)	(E)
Name and title	Average				sitior	า		Reportable	Reportable	(F) Estimated
	hours	(0			that		oly)	compensation	compensation	amount of
	per		Τ	Π	П	T		from	from related	other
	week	٦	1			loyee		the	organizations	compensation
	(list any hours for	director				emp		organization	(W-2/1099-MISC)	from the
	related	1 5	stee		l	satec		(W-2/1099-MISC)		organization
	organizations	trustee	altr	İ	yee	E E				and related organizations
	below	Individual	E E	Officer	Key employee	Highest compensated employee	<u></u>			Organizations
	line)	ig.	Insti	₽	Key	휼	Former			
(47) CATHERINE MOYE	4.00									
DIRECTOR/SECRETARY		Х		X	L	L		0.	0.	0
(48) LOWELL J. NOTEBOOM	4.00	ļ					1			
DIRECTOR/CHAIR		X	_	X	Ш	<u> </u>		0.	0.	0
(49) PATRICIA A. RICHARDS DIRECTOR/VICE CHAIR	2.00	١				ĺ	Ì	_		
(50) JESSE ROSEN	40.00	X		X			<u>.</u>	0.	0.	0
PRESIDENT AND CEO	40.00			, ,				200 000	_	_
(51) BARRY SANDERS	2.00	X		Х	$\vdash \vdash$			309,060.	0.	7,591
DIRECTOR	2.00	x						١		
(52) DANIEL PETERSEN	2.00	^		\dashv	\vdash		_	0.	0.	0
DIRECTOR	2.00	х			. 1			0.	١	•
(53) HENRY PEYREBRUNE	2.00	-		\dashv	\dashv	_		0.1	0.	0
DIRECTOR		х						0.	0.	0 .
(54) PAUL MEECHMAN	2.00			\dashv	\dashv				- 0.	<u> </u>
DIRECTOR		x		Ī			ĺ	0.	0.	0 .
(55) JOHN HAYES	2.00			\neg	_					
DIRECTOR		X						0.	0.	0 .
(56) WENDY KELMAN	2.00			コ	\neg					
DIRECTOR		X				- 1	İ	0.	0.	0.
(57) RUSSELL JONES	40.00		T	П	\neg					
VP MKTING/MEMBERSHIP				X				65,672.	0.	2,842
(58) PAULA KAHN	40.00	ļ								
VP LEARNING/LDRSHIP DEV	- 10 00			X	_		_	165,522.	0.	14,429.
(59) JUDITH KURNICK	40.00		ı			ľ				
VP STRATEGIC COMM.	40 00	_	_	X	\dashv		_	143,518.	0.	16,848.
(60) STEPHEN LISNER	40.00						- 1	465 500	_	
COO (61) HEATHER NOONAN	40 00	-	-	X	4	_	-	167,733.	0.	14,715.
VP ADVOCACY	40.00	- 1		J				100 255		
1 ADVOCACT		\dashv	+	X	+	\dashv	\dashv	129,355.	0.	22,878.
 						-	ı	ł		
		+	+	+	+	\dashv	\dashv			
ŀ								}		
		\dashv	\top	+	十	+	+			
			\top	十	十	\top	十			
				T	T					
			\perp							
							T			
otal to Part VII, Section A, line 1c							- 1	980,860.		79,303.

	;	-17.	Check if Schedule O contains a re	esponse to	any questio	n in this Part VIII			
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					313, 01 314
و و	1			1b 1,7	42,568				
ts, A		C	Fundraising events	1c					
a G		d		1d					
S.E		е	Government grants (contributions)		60,500				
흡			All other contributions, gifts, grants, and						
ਛੋਵੇਂ				11 1 . 9	90,233				
할		g	Noncash contributions included in lines 1a-1f; \$	<u> </u>	7				
ಕ್ಷ ಬ			Total. Add lines 1a-1f			3,893,301			
					usiness Code			e jaar jagaanga nga nga sa sa sa sa sa sa sa sa sa sa sa sa sa	
ø	2	а	MEETINGS AND SEMINAL		900099	463,009	463,009		
Program Service Revenue		b	SYMPHONY MAGAZINE		541800	187,958			
ž Š	1	c		├-	341000	107,336	•	187,958	•
že š	ļ	ď		 -		 			
ڲؚۺ		_					ļ		
F.		4	All other program con inc	 -					
i		'	All other program service revenue			CEO 065			
	3		Total. Add lines 2a-2f			650,967.			
	3		Investment income (including dividends			07 707			
			other similar amounts)			87,797.			87,797.
	4		Income from investment of tax-exempt		eeds	0.000			
	5		Royalties		<u></u>	2,262.			2,262.
	_		(i) Re	eal (ii) Personal				
	_		Gross rents						
			Less: rental expenses						
ı			Rental income or (loss)						
			Net rental income or (loss))				
	7	а	Gross amount from sales of (i) Secur		(ii) Other				
			assets other than inventory 140,7	792.					
H			Less: cost or other basis						
			and sales expenses 141,1 Gain or (loss) -3	131.	- · · · · · · · · · · · · · · · · · · ·				
- 1									
- 1	4	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	>	-339.			-339.
9	8 :		Gross income from fundraising events (r	not				STEWN HAVE	
enne			including \$ of						
اچ		,	contributions reported on line 1c). See						
Other Rev			Part IV, line 18	a		スページを入っ			
€l	ı	b I	Less: direct expenses	ь					
٦			Net income or (loss) from fundraising eve					and the second second	
	9 a	a (Gross income from gaming activities. Se	e 🗀				Marting to the	
ı			Part IV, line 19						
ł	Ŀ		Less: direct expenses						
	c		Net income or (loss) from gaming activitie						
- 1			Gross sales of inventory, less returns		,				
			and allowances	а					
	b		_ess: cost of goods sold						
İ			Net income or (loss) from sales of invento						
Γ			Miscellaneous Revenue		iness Code				
Γ.	11 a	(OTHER REVENUE		00099	21,974.			21 074
	bb	_		— _		4+17/20			21,974.
	6	_							
	d	Δ	All other revenue						
	<u>ب</u>		P. S. S. & 2 Lat			21,974.			
1	2		otal. Add lines 11a-11d	•••••		1,655,962.	463 000	107 050	111 201
2009			The state of the s		······ 🖊 🏲	1,000,304.	=03,009.	187,958.	111,694.

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 respond not include amounts reported on lines 6b,				
, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		expenses	general expenses	expenses
	469,000.	469.000.		
Grants and other assistance to individuals in		=03,000.		
the United States. See Part IV, line 22	28,550.	28.550.		
Grants and other assistance to governments,			3.4	
	Į.			
United States. See Part IV, lines 15 and 16	1			
Compensation of current officers, directors,			<u> </u>	
trustees, and key employees	1,035,864.	817,000.	218.864.	
	ĺ			
Other salaries and wages	1,651,042.	1,145,362.	261,704.	243,976
Pension plan accruals and contributions (include				
		232,226.	66,497.	36,173
Payroll taxes	165,742.	120,759.	30,541.	14,442
Legal		13,901.	11,299.	
Accounting	41,000.		41,000.	
Lobbying				
	16,132.	15,854.	278.	
	339,535.	<u>183,771.</u>		155,764.
Office expenses	292,459.	214,185.	21,231.	57,043.
Information technology				
Royalties				
				73,301.
	124,770.	100,098.	20,960.	3,712.
· · · · · · · · · · · · · · · · · · ·	227,906.	189,543.	27,151.	11,212.
Payments to affiliates	100 070			
In account of the Control of the Con				22,674.
		6,/91.	4,439.	920.
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
PRINTING AND PRODUCTION	144 478	137 7/0	664	
		131,140.		6,066.
		2 450		61 41
				64,445.
				2,090.
				282.
	-,,	-,2,3,3120	724,003.	692,100.
educational campaign and fundraising solicitation.				
		ł .	į.	
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0.) PRINTING AND PRODUCTION BANK CHARGES AND FEES STAFF TRAINING POSTAGE AND DELIVERY All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(B)) Other salaries and wages Other employee benefits Payroll taxes Payroll taxes 165,742. Fees for services (non-employees): Management Legal Accounting Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 119 amount exceeds 10% of line 25, column (A) amount, list line 119 expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates Depreciation, depletion, and amortization Insurance 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 126 column (A) amount, list line 24e expenses not Schedule 0.) PRINTING AND PRODUCTION BANK CHARGES AND FEES STAFF TRAINING FOSTAGE AND DELIVERY All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	Frants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) Other salaries and wages Pension plan accruals and contributions (include section plan accruals and contributions) (include section 401(k) and 403(b) employer contributions) Other employee benefits 334,896. 232,226. Paryoll taxes Pees for services (non-employees): Management Legal 25,200. 13,901. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 16,132. 15,854. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Coccupancy 17avel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Differ 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 stylenses on Schedule O.) PRINTING AND PRODUCTION BANK CHARGES AND FEES STAFF TRAINING POSTAGE AND DELIVERY All other expenses (44,125, 5,137. 5,889,677, 4,273,514.	Expenses Sepenses
Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
_			(A) Beginning of year	T	(B) End of year
	1	The state of bounding	300	. 1	
	2	Cavings and temporary cash investments	173,569		
	3	riedges and grants receivable, net	3,561,085	. 3	
	4	Accounts receivable, net	564,333	. 4	627 652
	5	Loans and other receivables from current and former officers, directors,		• 4	627,653
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under		5	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
,,	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		1 3	
Assets	7	Notes and loans receivable, net		6	
SS	8	Inventories for sale or use		7	
•	9	Prepaid expenses and deferred charges	16.061	8	
	102	a Land, buildings, and equipment: cost or other	46,064.	9	56,019
		basis Complete Part VI of Schodula D			
	1 6	basis. Complete Part VI of Schedule D 10a 2,250,464.			
	11	Less: accumulated depreciation 10b 2,044,126.	319,223.		
	12	Investments - publicly traded securities	4,103,735.	11	4,512,265.
	1	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	140,053.	15	140,053.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,908,362.	16	8,066,663.
	17	Accounts payable and accrued expenses	123,340.	17	37,320.
	18	Grants payable		18	37,75201
	19	Deletred revenue	916,332.	19	902,652.
	20	lax-exempt bond liabilities		20	302,032.
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
١.		Complete Part II of Schedule L	이 사는 사고 이 시위에 의해 가장 (A - 등 수입). (00	
	23	Secured mortgages and notes payable to unrelated third parties		22 23	
	24	Unsecured notes and loans payable to unrelated third parties			
-	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
-			177,415.		205 224
	26	Total liabilities. Add lines 17 through 25	1,217,087.	25	205,084.
\exists		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1,411,081.	26	1,145,056.
- 1		complete lines 27 through 29, and lines 33 and 34.			
1	27	The second secon		7.	
-	28		-66,441.	27	738,564.
-		Temporarily restricted net assets Permanently restricted net assets	3,996,585.	28	2,721,912.
		Organizations that do not follow SFAS 117 (ASC 958), check here	3,761,131.	29	3,461,131.
1		and complete lines 30 through 34.			
1	30	Capital stock or trust principal as a second of			
- 1	30 31	Capital stock or trust principal, or current funds		30	
- [22	Paid-in or capital surplus, or land, building, or equipment fund		31	
- 1	32 22	Retained earnings, endowment, accumulated income, or other funds		32	
1	33	Total net assets or fund balances	7,691,275.	33	6,921,607.
	34	Total liabilities and net assets/fund balances	8,908,362.	34	8,066,663.

Form **990** (2012)

P	IT Al Heconciliation of Net Assets		0000	<u> </u>	age I
	Check if Schedule O contains a response to any question in this Part XI				_
1					
2	Total expenses (must equal Part VIII, column (A), line 12)	1	4,6	55,	962
3	rotal expenses (mast equal Part IX, column (A), line 25)	2		89,	
_	rictoride less expenses. Subtract line 2 from line 1	3	-1,2		
4 5	ther assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,6		
_	Net unrealized gains (losses) on investments	5		64,	
6	boriated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	other changes in het assets or fund balances (explain in Schedule O)	9			0
10	Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33.				<u>_</u>
<u>n</u> -	column (B))	10	6,9	21	607
Pa	rmancial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		13,313	+:00	+
	If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule		- 1		
2a	were the organization's financial statements compiled or reviewed by an independent and an analysis and an analysis and an analysis are supplied to the organization of the organization o				Ų.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		2a		X
	separate basis, consolidated basis, or both:	ona	7.53		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements and the same statements and separate basis			37	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	+x	0000
	consolidated basis, or both:	e basis,			8. 7.
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	audit,	1	54.	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	aule O.			AL HE
	Act and OMB Circular A-133?	gie Audit		1	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		<u>3a</u>	↓	X
	or audits, explain why in Schedule O and describe any steps taken to undergo the required audits, explain why in Schedule O and describe any steps taken to undergo and the required audits.	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	************		L	<u> </u>
			Form	990	(2012)

232012 12-10-12

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

> AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number 23-7300636

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 1 fe through 11h. a	Cart	neasu	iii ior Public Cr	Iarity Status (All Argan	aizatiana n		1-4-11-1							
A Church, convention of churches, or association of churches described in section 170(b)(1)A(ii). A A choole described in section 170(b)(1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(iii). 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). A community (iv). (Complete Part II). A federal, state, or local government or governmental unit described in section 170(b)(1)A(iv). A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in section 170(b)(1)A(iv). (Complete Part III.) A community trust described in the section 170(b)(1)A(iv). (Complete Part III.) A organization organization and complete to certain exceptions, and (2) no more than 33 1,0% of its support from gross investment income and unrelated business traxible income (ses section 509(a)(4). (Complete Part III.) A organization organization and complete to certain exceptions, and (2) no more than 33 1,0% of its support from gross investment income and unrelated business traxible in section 509(a)(4). (Complete Part III.) A organization organization and complete in section 509(a)(4). (Part III.) A norganization organization and complete insert in the section 509(a)(4). (Part III	The org	anization is no	ot a private foundati	on because it is: (For line	c 1 through	h 11 -h	ete this p	art.) See ir	nstruction	s.				
A School described in section 170(b)(1 A)(ii), Altach Schedule E) A A honolizative hospital service organization described in section 170(b)(1 A)(iii). Enter the hospital's name, of the section 170(b)(1 A)(iii) and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1 A)(iii). Enter the hospital's name, oity, and state: Section 170(b)(1 A)(iii), (Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1 A)(iv). A community fixed operation of the section 170(b)(1 A)(iv). A community fixed described in section 170(b)(1 A)(iv). A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 170(b)(1 A)(iv). (Complete Part II.) A community fixed described in section 1511 tax) from businesses acquired by the organization after June 30, 1975. See section 500(a)(a). (Complete Part III.) An organization organization described in section 501(a)(a). The fixed f	1 🗀	A church,	convention of churc	thes, or association of ch	urches de	noribadia	K only one	e box.)						
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A clederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III) An organization that normally receives: (1) more than 33 1.7% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III) An organization that normally receives: (1) more than 33 1.7% 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 1.7% of its support from gross investment income and unrelated business taxable income (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization and complete lines 11 terhough 11h. a	2	A school d	lescribed in section	170(b)(1)(A)(ii) (Attach 9	Cobodulo E	schbed in : = \	section 1	/U(b)(1)(A))(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(N). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(N). (Complete Part III.) A community frust described in section 170(b)(1)(A)(V). (Complete Part III.) A community frust described in section 170(b)(1)(A)(V). (Complete Part III.) A community frust described in section 170(b)(1)(A)(V). (Complete Part III.) A community frust described in section 170(b)(1)(A)(V). (Complete Part III.) A community frust described in section 170(b)(1)(A)(V). (Complete Part III.) A community frust described in section 30(a)(A). (Complete Part III.) An organization unrelated business taxable income (ges section 5011 tax) from businesses acquired by the organization after June 30, 1975. See section 509(A)(Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). An organization organized and operated exclusively to test for public safety. See section 509(A)(A). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(A)(A). Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of the p	з 🗀	A hospital	or a cooperative ho	Snital service organization	o describe	i.) .d in aasti	470/l-\/	41/41/						
Solid 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)(W). (Complete Part II.)	4	A medical	research organization	opharservice organization	n with a b	onitel dec	n 170(b)(1)(A)(iii).						
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)(ii), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii), Complete Part III.) A community trust described in section 170(b)(1)(A)(iii), Complete Part III.) A community trust described in section 170(b)(1)(A)(iii), Complete Part III.) A community trust described in section 170(b)(1)(A)(iii), Complete Part III.) A community trust described in section 170(b)(1)(A)(iii), Complete Part III.) A community trust described in section 31,2% 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 (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the purposes of one or more publicly supported organizations for 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 III c Type III related to Type III reparted by considering the purposes of one or more publicly supported organizations and complete lines 11e through 11h. 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 (ii) and (iii) below, the governing body of the supported organization in controlled directly or indirectly controlled persons of the following persons? (ii) A person who dir		city, and st	tate:	on operated in conjunctio	n will a ne	ospital des	cribed in	section 17	70(b)(1)(A)	(iii). Ente	er the	hospita	al's nar	ne,
A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and runnization and complete insent in the functions of, or to carry out the purposes of one or more publicly supported organization and completed lines 11th through 11h. An organization organization and completed lines 11th through 11h. An organization organization and completed lines 11th through 11h. 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 organization described in section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III or Type II	5 🗀			he benefit of a college or	university	owned or	operated	by a gaver			-			
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)(4)(b)(c)(complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization ad complete lines 11e through 11th. a		section 1	70(b)(1)(A)(iv). (Com	plete Part II.)	avoronty	OWI 1802 OF 1	operateu	by a gover	nmentait	ınıt descr	nbed i	in		
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)(4)(b)(c)(complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization ad complete lines 11e through 11th. a		A federal, s	state, or local govern	nment or governmental u	nit describ	ed in sect i	ion 170(b)(1)(A)(v).						
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 stable income (less section 501 at xi) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11th. a	7 LX	J An organiz	ation that normally r	receives a substantial par	t of its sup	port from	a governr	nental unit	or from th	ne genera	al pub	lic des	cribed	in
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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(7) 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	• [section 17	U(D)(1)(A)(VI). (Com	plete Part II.)						•	•			
activities eleated 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization and complete lines 11e through 11h. a		A commun	ity trust described in	n section 170(b)(1)(A)(vi)	. (Complet	e Part II.)								
See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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	9	An organiza	ation that normally r	eceives: (1) more than 33	1/3% of it	ts support	from con	tributions,	members	hip fees,	and g	Jross r€	eipts	from
See Section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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		income and	tuproloted business	Tunctions - subject to cer	tain excep	tions, and	(2) no mo	re than 33	1/3% of i	ts suppo	rt fror	n gross	s inves	tment
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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		See section	n 509(a)(2) (Comple	s taxable income (less sec	ction 511 t	tax) from b	usinesses	acquired	by the ore	ganization	n after	r June :	30, 19	75.
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	10				ant for much			. ===.						
describes the type of supporting 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	11	An organiza	ation organized and	operated exclusively for the	the benefit	one salety.	See sect	ion 509(a)	(4).					
describes the type of supporting organization and complete lines 11e through 11h. a Type b Type C Type II - Functionally integrated Type II - Non-functionally integrated 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). 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? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A family member of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization organization organization (iiii) organization in col. (iiii) organization organization organization organization organizat		more public	olv supported organ	izations described in sect	tion 500/a)	(1) or soct	ionii the i	unctions of	t, or to ca	my out th	e puŋ	poses (of one	or
a		describes t	he type of supporting	ng organization and comp	ilote lines :	11e throug	1011 309(a)	(2). See se	ection 50s	9(a)(3). Ci	neck t	the box	that	
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). 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 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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A mount of monetary above or IRC section (see instructions)) (iii) Type of organization (see instructions)) (iv) Is the organization in col. (i) of your support? (ii) of your support? (iii) A mount of monetary support (i) organized in the U.S.? Yes No Yes No Yes No		а 🔲 Туре	el b					d	a 🗀 📆	na III. Na				
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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section) (iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) of your support? Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	е 🗀	By checking			t controlle	d directly o	or indirect	ly hy one c	or more di	be III - M	on-iun	ctional	iy integ	grated
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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) Provide the following information about the supported organization(s). (iv) Is the organization in col. (iv) Is the organization in col. (iv) org		foundation	managers and other	r than one or more public	ly support	ed organiz	ations de	scribed in	section 50	39(a)(1) A	r coct	ion 500	ner ma	.n
supporting organization, check this box 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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization organization in col. (i) orga	f	If the organ	ization received a w	ritten determination from	the IRS th	natitis a T	pe I, Typ	e II. or Typ	e III	00(4)(1) 0	1 3001	1011 503	λ(α)(Z).	
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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) S the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization (see instructions)) (ii) O your support? (iv) Amount of monetary support (i) organization in the U.S.? Ves No Yes No Yes No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves		supporting	organization, check											
(ii) 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? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (iv) Is the organization in col. (i) of your notify the programization in col. (i) of your support? (ii) of your support? (iii) Organization in the U.S.? Yes No Yes No Yes No (vii) Amount of monetary support (i) organization in the U.S.? Yes No Yes No Yes No	g	Since Augus	st 17, 2006, has the	organization accepted a	ny gift or c	ontributio	n from an	y of the fol	lowing pe	rsons?			- • • • • • • • • • • • • • • • • • • •	
the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in		(i) A perse	on who directly or in	ndirectly controls, either a	lone or tog	gether with	persons	described	in (ii) and	(iii) below	V.		Yes	No
(ii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (iii) ISIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col. (i) of your supports (ii) of your supports (iv) Is the organization in col. (i) of your supports (iv) Is the organization in col. (i) of your supports (iv) Is the organization in col. (i) of your supports (iv) Is the organization in col. (i) of your supports (vi) Is the organization in col. (ii) of your supports (vi) Amount of monetary supports Ves No Yes No		the gov	verning body of the	supported organization?						. ,	Γ	11a(i)	1.50	
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)) (see instructions) (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (i) of your support? (i) of your support? (ii) of your support? (iv) Is the organization in col. (i) organization in col. (i) organization in the U.S.? (ii) Amount of monetary support? (iv) Is the organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiiiii) organization in col. (iiiiiii		(ii) A famil	y member of a perso	on described in (i) above?	?						Ţ.			
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (iv) Is the organization organization in col. (i) of your support? (iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S.? (vii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support. (viii) Am		(III) A 33%	controlled entity of	a person described in (i)	or (ii) abov	e?					· ·			
organization (described on lines 1-9 above or IRC section (see instructions)) The contract of the contract of	h	Provide the	following informatio	n about the supported or	ganization	ı(s).								
organization (described on lines 1-9 above or IRC section (see instructions)) The contract of the contract of	(I) Marria	-4.			la		r		T					
above or IRC section (see instructions)) The second results of the support of th			(ii) EIN	(iii) Type of organization	(iv) is the (organization	(v) Did yo	u notify the	(vi) l l organizati	s the on in col	(vii)/	Amount	of mon	etary
(see instructions)) Yes No Yes No Output Ou	O g	anzanon					(i) of you	uon in coi. ir support?	(i) organi:	zed in the		sup	port	
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					163	140	162	NO	Yes	No	<u> </u>			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 D/B/A LEAGUE OF AMERICAN ORCHESTRAS 23-73006

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.)

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(6) Total
1	Gifts, grants, contributions, and			1-7	(4) 2011	(6) 2012	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	5136079.	3448969.	3784128.	7074918	4356310	23800404
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						Ť
	or expended on its behalf					j	
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						İ
4	Total. Add lines 1 through 3	5136079.	3448969.	3784128.	7074918	4356310.	23800404.
5	Paradia de la contribución						
	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)						2271755.
	Public support. Subtract line 5 from line 4.		사람이 얼마를 네르힐				21528649.
	ndar year (or fiscal year beginning in)						
		(a) 2008 5136079.	(b) 2009 3448969.	(c) 2010	(d) 2011	(e) 2012	(f) Total 23800404.
	Amounts from line 4 Gross income from interest,	3130079.	3440303.	3784128.	7074918.	4356310.	23800404.
Ü	dividends, payments received on						<u> </u>
	securities loans, rents, royalties					1	
	and income from similar sources	146,967.	106,692.	94,445.	31,138.	24 226	402 470
9	Net income from unrelated business	220/30/1	100,052.	72,223.	31,136.	24,236.	403,478.
	activities, whether or not the			Í			
	business is regularly carried on	273,809.	225,947.	215,979.	343,407.	187,958.	1247100.
	Other income. Do not include gain		220/32/1	213,373.	343,407.	107,950.	124/100.
	or loss from the sale of capital						
	assets (Explain in Part IV.)	98,110.	33,602.	11,811.	29,263.	21 974	194,760.
	Total support. Add lines 7 through 10		in an assente				25645742.
	Gross receipts from related activities,	etc. (see instructio	ns)		<u> </u>	12	23043742.
	First five years. If the Form 990 is for						
	organization, check this box and stop	here					▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2012 (lin	ne 6, column (f) div	ided by line 11, co	olumn (f))		14	83.95 %
5	Public support percentage from 2011	Schedule A, Part II	, line 14			15	85.30 %
6a :	33 1/3% support test - 2012. If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or n	nore, check this bo	x and
;	stop here. The organization qualifies a	is a publicly suppo	rted organization	***************************************			$ ightharpoons \overline{X}$
D;	33 1/3% support test - 2011. If the or	ganization did not	check a box on lir	ne 13 or 16a, and li	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualif	ies as a publicly su	pported organizat	tion			▶□
/a '	10% -facts-and-circumstances test	 2012. If the orga 	nization did not ch	eck a box on line 1	13, 16a, or 16b, a	ind line 14 is 10%	or more.
ê	and if the organization meets the "facts	s-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Par	t IV how the organ	ization
r	meets the "facts-and-circumstances" to	est. The organizati	on qualifies as a p	ublicly supported o	organization		▶□
ָ ט	10% -facts-and-circumstances test	- 2011. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
r	more, and if the organization meets the	tacts and circum	stances" test, che	eck this box and st	op here. Explain	in Part IV how the	
e r	organization meets the "facts-and-circu	ımstances" test. Ti	ne organization qu	alifies as a publicly	y supported orga	nization	▶∐
<u>8</u> F	Private foundation. If the organization	did not check a be	ox on line 13, 16a,	16b, 17a, or 17b,			
					Scher	dule A (Form 990)	or 990-E7\ 2012

Schedule A (Form 990 or 990-EZ) 2012 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 t	he organization failed to qualify under Part II. If the organization fails to
qualify under the teste listed below also as a second	distribution and the organization rails to

S	ection A. Public Support	elow, please con	npiete Part II.)				
Ca	lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(-) 0040	107
1	Gifts, grants, contributions, and		(2) 2000	(0) 2010	(u) 2011	(e) 2012	(f) Total
	membership fees received. (Do not				1		
	include any "unusual grants.")		1				
2	Gross receipts from admissions,						
	merchandise sold or services per-		ļ			ľ	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose]	l	1
3	Gross receipts from activities that				 -	<u> </u>	
	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						1
	or expended on its behalf						ļ
5	The value of services or facilities		ļ				
Ŭ	fumished by a governmental unit to						
	the organization without charge						ļ
6							
	Total. Add lines 1 through 5						
,	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
	o Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		i`				
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.) ction B. Total Support						
26							
							
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9	Amounts from line 6 Gross income from interest,	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9	Amounts from line 6 dividends, payments received on securities loans, rents, royalties	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
0 10 a b c c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
0 10 a b c c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
0 10 a b c c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	e organization's	first, second, third	fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	e organization's	first, second, third	fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	
Cale 9 10 a b c c 111 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here	e organization's	first, second, third	fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	ation,
Cale 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Sc	e organization's Support Per 8, column (f) div	first, second, third. centage rided by line 13, co	fourth, or fifth tax	x year as a sectio	n 501(c)(3) organiza	ation,
Cale 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here	e organization's Support Per 8, column (f) div	first, second, third. centage rided by line 13, co	fourth, or fifth tax	x year as a sectio	n 501(c)(3) organiza	ation,
Cale 9 10 a b c c 111 12 13 14 16 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Sction D. Computation of Investre	e organization's Support Per 8, column (f) div	first, second, third. centage rided by line 13, co	fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	ation,
Cale 9 10 a b c c 111 12 13 14 Sec 7	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Sction D. Computation of Investri	se organization's Support Per 8, column (f) div	first, second, third. Centage rided by line 13, co II, line 15 Percentage n (f) divided by line	fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza 15 16	## ## ## ## ## ## ## ## ## ## ## ## ##
Cale 9 10 a b c 11 12 13 14 Sec 7 8	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage from 2011 Section D. Computation of Investrian Investment income percentage from 2012 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011	e organization's Support Per 8, column (f) div chedule A, Part II nent Income (line 10c, column 1 Schedule A, P	first, second, third centage rided by line 13, co II, line 15 Percentage n (f) divided by line last III, line 17	fourth, or fifth tax	x year as a sectio	n 501(c)(3) organiza 15 16	% % %
Cale 9 10 a b c c 11 1 12 13 14 Sec 7 8 9 9 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage from 2011 Sction D. Computation of Investment income percentage from 2012 Investment income percentage from 2011 33 1/3% support tests - 2012. If the organic proposition of the support tests - 2012. If the organic proposition in the support tests - 2012. If the organic proposition in the proposition of the proposition of the support tests - 2012. If the organic proposition in the proposition of the prop	se organization's Support Per 8, column (f) divendule A, Part II nent Income (line 10c, column 1 Schedule A, P	first, second, third centage rided by line 13, co II, line 15 Percentage n (f) divided by line art III, line 17 t check the box on	fourth, or fifth tax	year as a sectio	15 16 17 18 3 1/3%, and line 17	ation, % % % % %
Cale 9 10 a b c c 11 1 12 13 14 Sec 7 8 9 a s	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Settion D. Computation of Investral Investment income percentage from 2012 (Investment income percentage from 2013 31/3% support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012. If the orgamer than 33 1/3%, check this box and support tests - 2012.	se organization's Support Per 8, column (f) divendule A, Part Income (line 10c, column 1 Schedule A, P ganization did no stop here. The c	first, second, third. Centage rided by line 13, co II, line 15 Percentage In (f) divided by line art III, line 17 It check the box on organization qualifie	fourth, or fifth tax	year as a sectio	15 16 17 18 3 1/3%, and line 17	ation, % % % % % % % % % % % % % % % % % % %
Cale 9 10 a b c c 111 112 113 114 Sec 7 8 9 a b :	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage from 2011 Sction D. Computation of Investment income percentage from 2012 Investment income percentage from 2011 33 1/3% support tests - 2012. If the organic proposition of the support tests - 2012. If the organic proposition in the support tests - 2012. If the organic proposition in the proposition of the pro	support Per 8, column (f) div. chedule A, Part II nent Income (line 10c, column 1 Schedule A, Panization did no stop here. The contant in the	first, second, third. centage rided by line 13, co II, line 15 Percentage III, line 17 III the the box on briganization qualified to the control of the con	fourth, or fifth tax	s year as a section	15 16 17 18 3 1/3%, and line 17 tition 13%, and line 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18	### ##################################

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
IDELITY FOUNDATION	1,050,000.	537,08
NN AND GORDON GETTY FOUNDATION	1,657,500.	1,144,58
HE ANDREW MELLON FOUNDATION	1,103,000.	590,08
al Excess Contributions to Schedule A, Part II, Line 5		2,271,755

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization Employer identification number AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS 23-7300636 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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.,

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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
AMERICAN SYMPHONY ORCHESTRA LEAGUE
D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number

23-7300636

Part	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ANDREW W. MELLON FOUNDATION 140 EAST 62ND STREET NEW YORK, NY 10065	\$\$\$	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE CLINTON FAMILY FUND 5824 SOUTH NASHVILLE AVENUE CHICAGO, IL 60638	\$\$0,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	METLIFE FOUNDATION 1 METLIFE PLAZA LONG ISLAND CITY, NY 11101	\$160,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVENUE NW WASHINGTON , DC 20506	\$140,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CYNTHIA SARGENT 130 N GARLAND COURT #5201 CHICAGO, IL 60602	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 VIRGINIA B TOULMIN FOUNDATION C/O TCC GROUP	(c) Total contributions	(d) Type of contribution Person
	31 WEST 27TH STREET, 4TH FLOOR NEW YORK, NY 10001		Payroll Noncash (Complete Part II if there
	THE TOTAL AT TOOL		is a noncash contribution.)

Name of organization
AMERICAN SYMPHONY ORCHESTRA LEAGUE
D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number

23-7300636

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FIDELITY FOUNDATION 1 SPARTAN WAY MZ TSFD MERRIMACK, NH 03054	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DR. MALCOLM MCDOUGAL BROWN 110 ARBOR ROAD WINSTON SALEM, NC 27104	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE NEGAUNEE FOUNDATION POST OFFICE BOX 1287 NORTHBROOK, IL 60065	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

AMERICAN SYMPHONY ORCHESTRA LEAGUE

Employer identification number

Noncash Property (see instructions) Use duplicate and the	Don't H. W. L. Hou	23-7300636
cool instructions). Ose duplicate copies of	Part II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) Description of noncash property given (g) (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer identification number** AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS 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.) 23-7300636 Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4) (5) or (6) organization

	CAN SYMPHONY ORCHES	TRA LEAGI	TE:	Employer identification numb
D/B/A	LEAGUE OF AMERICAN		3.0	
Part I-A Complete if the c	organization is exempt unde	er section 501	c) or is a section !	27 organization
2 Political expenditures	nization's direct and indirect politica			. > \$
Part I-B Complete if the o	rganization is exempt unde	r section 501(c)(3).	
1 Enter the amount of any excise to	ax incurred by the organization unde	r section 4955		k
- Lincol the amount of any excise to	ax incurred by organization manager	s under coetien 40	EE	
o in the organization incurred a sect	tion 4955 tax, did it tile Form 4720 fo	r thic voor?		
ia itas a comocitor made i				Yes N
b If "Yes," describe in Part IV. Part I-C Complete if the o	rganization is exampt under			
1 Enter the amount directly expend	ad but the fill and a second tunder	section 501(c), except section	
1 Enter the amount directly expend2 Enter the amount of the filing organ	ed by the filing organization for sections	on 527 exempt fur	nction activities	> \$
exempt function activities	mization's funds contributed to othe	r organizations for	section 527	. .
	es. Add lines 1 and 2. Enter here and			- \$
line 17b	•		•	•
. Die and ming organization life Fort	II I IZU-PUL for this year?			1 /24 1
made payments. For each organiz contributions received that were p political action committee (PAC). I	employer identification number (EIN) ation listed, enter the amount paid for promptly and directly delivered to a s	om the filing organ	nization's fundo. Alco es	Amerika
	f additional space is needed, provide	information in Pa	ganization, such as a se rt IV.	eparate segregated fund or a
(a) Name	f additional space is needed, provide (b) Address	information in Pa	rganization, such as a set t IV. (d) Amount paid fre filing organization funds. If none, enter	parate segregated fund or a (e) Amount of political contributions received and
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	community (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	community (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	community (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	additional space is needed, provide	information in Pa	(d) Amount paid free filing organization	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

LHA

AMERICAN SYMPHONY ORCHESTRA LEAGUE

Part II-A Complete if the o	D/B/A LEAC	UE OF AMERI	CAN ORCHEST	RAS 23-7	7300636 Page 2
(election under se	ection 501(h)).	empt under secti	on soricits) and t	ilea Form 5768	
		affiliated group (and list	in Part IV each affiliate		
expenses, and sh	are of excess lobbying	anniated group (and list	in Part IV each amiliate	d group member's nan	ne, address, EIN,
		and "limited control" p	rovisions analy		
Lin	nits on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinior	(grass roots lobbying)		13,577.	
b Total lobbying expenditures to in	fluence a legislative b	r (grass roots lobbyling) Indv (direct lobbyling)	***************************************	65,952.	
c Total lobbying expenditures (add	lines 1a and 1b)	(direct leadying)		79,529.	
d Other exempt purpose expenditu				5,810,148.	
e Total exempt purpose expenditur		1d)		5,889,677.	
f Lobbying nontaxable amount. En	ter the amount from t	he following table in ho	oth columns	444,484.	
If the amount on line 1e, column (a)		bbying nontaxable an		444,404.	
Not over \$500,000		of the amount on line 1			
Over \$500,000 but not over \$1,00		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,		000 plus 10% of the ex			
Over \$1,500,000 but not over \$17		000 plus 5% of the exc			
Over \$17,000,000	\$1,000		σου στοι φτ,σου,σου.		
		,			
g Grassroots nontaxable amount (e	nter 25% of line 1f)			111,121.	
h Subtract line 1g from line 1a. If ze		***************************************		0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than zo					
reporting section 4911 tax for this	_			Γ	Yes No
(Some organi	4-Year Av	eraging Period Under	Section 501(h)		
(Come organi	olumns below. See t	section 501(n) electio he instructions for line	n do not have to comp es 2a through 2f on pa	olete all of the five	
		enditures During 4-Ye		-3	
Colondon]			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	480,223	449,468.	463,489.	111 181	1 927 664
b Lobbying ceiling amount			203,207.	732,404.	1,837,664.
(150% of line 2a, column(e))					2,756,496.
c Total lobbying expenditures	73,911.	74,688.	81,965.	79,529.	310,093.
d Grassroots nontaxable amount	120,056.	112,367.	115,872.	111,121.	459,416.
e Grassroots ceiling amount (150% of line 2d, column (e))					689,124.
f Grassroots lobbying expenditures	12,325.	10,425.	8,084.	13,577.	44,411.

Schedule C (Form 990 or 990-EZ) 2012

23-7300636 Page 3

Schedule C (Form 990 or 990-EZ) 2012 D/B/A LEAGUE OF AMERICAN ORCHESTRAS 23-730063

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?	1			
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				***************************************
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
		1.850.0814.07		
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	The same than the			
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Total Confidential	aks kyfrifailit.	Marin School	41.33
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(a)	(5) or or	otion	
501(c)(6).	011 30 1(0)	(O), OI SE	Cuon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, lir	ne 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
a Current year		2a		
b Carryover from last year		2b		
c Total				-
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	oolitical	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	*****************			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-B, line 1. Also, complete this part for any additional information.			•	A, line 2;
THE LEAGUE CONDUCTED DIRECT LOBBYING ON BEHALF OF ITS	CONST	TIOEN	T.	
ORCHESTRA MEMBERS AROUND BUDGET AND APPROPRIATIONS FO	R NATI	ONAL	ENDOWM	ENT
FOR THE ARTS AND ARTS EDUCATION PROGRAMMING AND ITS I	NCLUSI	ON OF	SUPPO	RT
FOR IT IN THE REAUTHORIZATION OF THE ELEMENTARY AND S	ECONDA	RY ED	JCATIO	N
ACT. LEAGUE STAFF WERE ALSO INVOLVED IN EFFORTS AROU	ND VIS	A AND	TAX	
REQUIREMENTS FOR INTERNATIONAL GUEST ARTISTS, SUPPORT	FOR T	HE AR	rs,	

AMERICAN SYMPHONY ORCHESTRA LEAGUE Schedule C (Form 990 or 990-FZ) 2012 D/B/A LEAGUE OF AMERICAN ORCHESTRA

Part IV Supp	lemental in	formation (continued	GUE OF AMER.	ICAN	ORC	HES	I'RAS	23-7300636 Page 4
CHARITABLE	GIVING	INCENTIVES,	PROTECTING	THE	USE	OF	WIRELESS	MICROPHONES
		ONPROFIT REL						
							-	
						_		
					-			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number 23-7300636

P	organizations Maintaining Donor Advis	ed Funds or Other Similar Funds o	or Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, lir	ne 6.	The state of the s
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Ves N
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
-	impermissible private benefit?		
Pa	Tt ii Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Part	IV. line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	Cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	o same date of the control of the	delibertation easement on the last
			Held at the End of the Tax Yea
а	Total number of conservation easements	·····	29
b	lotal acreage restricted by conservation easements		2h
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the org	agnization during the tay
	year >		difficultion during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	vear > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h)/4	\/B\/i\
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	rement and balance sheet and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement	and balance sheet works of art
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherance of	of public service, provide in Part VIII
	the text of the footnote to its financial statements that describ	es these items.	provide, in all Alli,
	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	,	or tion, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	f the organization received or held works of art, historical treas	sures, or other similar assets for financial gain	provide
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	, provide
а	Revenues included in Form 990, Part VIII, line 1	,	▶ ¢
h	Assets included in Form 990, Part X		•

AMERICAN SYMPHONY ORCHESTRA LEAGUE

7	nedule D (Form 990) 2012 D/B/A	LEAGUE OF A	MERICAN O	RCHESTR	RAS		23-73	30063	6 Page	2
Ь	art III Organizations Maintaining	Collections of A	rt, Historical T	reasures,	or Oth	er Simi	lar Ass	ets/conti	inued)	-
3	Using the organization's acquisition, acces	sion, and other recor	ds, check any of the	following th	at are a	significant	use of its	collection	n items	-
	(cneck all that apply):					-				
		•	d Loan or exc	change progr	rams					
t		•	e L Other		_					
C	- Total Tallet Total and goriorations									-
4	Provide a description of the organization's	collections and expla	in how they further	the organizat	ion's exe	empt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures, or oth	ner simila	ar assets				
	to be sold to raise funds rather than to be n	naintained as part of	the organization's c	ollection?			\square	Yes	☐ No	a
Pa	Escrow and Custodial Arrai	ngements. Compi	ete if the organization	on answered	"Yes" to	Form 990), Part IV,	line 9, or		-
	reported an amount on Form 990, Pa	art X, line 21.						·		
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for contribution	ns or other as	ssets no	t included				-
	on Form 990, Part X?							Yes	□ No)
b	If "Yes," explain the arrangement in Part XII	and complete the fo	ollowing table:							
								Amount	t	_
C						1c				_
d						1d				_
e	Distributions during the year		******************************			1e				
f	Ending balance					1f				_
	Did the organization include an amount on F	form 990, Part X, line	21?					Yes	□ No	,
Da	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete	. Check here if the ex	cplanation has been	provided in I	Part XIII					
га	rt V Endowment Funds. Complete		swered "Yes" to Fo							
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years back	_
1a	Beginning of year balance	4,218,091.	3,911,558.	3,918	8,336.	3,7	61,131.	3,	761,131	<u>.</u>
D	Contributions	160 100								_
C	Net investment earnings, gains, and losses	463,125.	586,521.	-6	5,778.	3	33,596.		52,969	
a	Grants or scholarships									_
е	Other expenditures for facilities			,						
	and programs	589,161.	279,980.			1	76,391.		52,969	
1	Administrative expenses	4 000 055								_
9	End of year balance	4,092,055.	4,218,091.		558.	3,9	18,336.	3,	761,131.	<u>.</u>
2	Provide the estimated percentage of the cur	rent year end balanc)) held as:						
	Board designated or quasi-endowment ► Permanent endowment ► 84.58		_%							
		 %								
C	Temporarily restricted endowment The percentages in lines 2s. Ob. and 2s. ob.									
30	The percentages in lines 2a, 2b, and 2c should be the send of the									
Ja	Are there endowment funds not in the posse by:	ssion of the organiza	ition that are held ar	nd administer	red for th	ne organiz	ation	_		_
	•								Yes No	
	(i) unrelated organizations	•••••		••••••		• • • • • • • • • • • • • • • • • • • •		3a(i)	X	-
h	(ii) related organizations			••••••••			• • • • • • • • • • • • • • • • • • • •	3a(ii)	X	
4	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	organization's and	1 Schedule H?			• • • • • • • • • • • • • • • • • • • •		3b		•
	t VI Land, Buildings, and Equipm	ent See Form 900	Port V line 10							
	Description of property	(a) Cost or ot			(-) 1					
	bosonbash of property	basis (investm	1 1 1			cumulated reciation	"	(d) Book	value	
1a	Land		unity Dasis (20101)	uep	(CIALIOI)	-+			
b	Buildings									
c	Leasehold improvements		902	1,923.	۵	04,92	2			
	Equipment			, 245.		$\frac{04,92}{07,79}$			0.	
_	Other		1 1 2 1	206		21 10	E .	100	,447.	

Schedule D (Form 990) 2012

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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3/A	LEAGUE	OF	AMERICAN	ORCHESTRAS	00 500000	
			THE COLUMN	ONCHESTRAS	23-7300636	D 3
>						Page 3

(a) Description of security or category (including name of security)	(b) Book value		f valuation: Cost or end-of-year mark	et vali
1) Financial derivatives			The state of the or year mark	et vait
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Poleted				
Part VIII Investments - Program Related. See (a) Description of investment type	e Form 990, Part X, lir	ne 13.		
	(b) Book value	(c) Method of	valuation: Cost or end-of-year market	t valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets. See Form 990, Part X, line 19				1.1
	escription			
(1)	35CHPIION		(b) Book	/alue
· /- · · · · · · · · · · · · · · · · · ·	·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	 -
(8)				
(9)				
				_
al. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.) 25.		>	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1	^(5.) ⇒ 25.	(b) Book value		
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	75.) ⇒ 25.	(b) Book value		
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes	(5.) ∋ 25.			
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes 2) DEFERRED RENT	75.) ⇒ 25.	(b) Book value 205,084.		
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes 2) DEFERRED RENT 3)	(5.) ⇒ 25.		▶	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	(5.) ∋ 25.		▶	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 Art X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) DEFERRED RENT 3) 4)	(5.) ⇒ 25.		>	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) 4)	15.) ⇒ 25.		>	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) 4) 5)	25. ⇒ 25.		>	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	25.		▶	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	25.		>	
(a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)	25.		▶	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)	25.		▶	
al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	e 25.		▶	

Schedule D (Form 990) 2012

^{2.} FIN 48 (ASC 740) Footnote. 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

AMERICAN SYMPHONY ORCHESTRA LEAGUE

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	23-	7300636 Page 4
1		Retur	n
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	5,120,009.
а	Not uproplined paters of the second s		
b	LOCATED SERVICES and use of togilities		
.c	Recoveries of prior year grants		
ď	Recoveries of prior year grants Other (Describe in Part XIII)		
е	Other (Describe in Part XIII.) Add lines 2a through 2d		
3		2e	464,047.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	4,655,962.
а	Investment expenses not included on Form 990, Part VIII, Italy 75		
b	Other (Describe in Part XIII.) 4a 4b	11 mg 1	
U	Add lifes 4a and 4b	135	_
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	0.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5 Detu	4,655,962.
1	Total expenses and losses per audited financial statements		
_	randarits included on line 1 but not on Form 990. Part IX, line 25.	_1	5,889,677.
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses Other / Describe in But VIII)	4.2	
u	Other (Describe in Part XIII.)		
e .	Add lines 2a through 2d	2e	0
	obstact into Ze northine 1	3	5,889,677.
	interest with and any office any office and any office and any office and any office and any office and any office and any office and any office and any office and any office and any office and any office and any office any office and any office any office and any office and any office and any office and	*	3,003,077.
a	nvestment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII.)		
C /	Add lines 4a and 4b	4c	0.
5 Dort	rotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,889,677.
, air	Am outplemental information	<u> </u>	
Compl	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	and 2	p; Part V, line 4: Part
/ m i i i	Fig. 1 art At, 18165 20 artu 40; artu Part XII. lines 2d and 4b. Also complete this next to provide a constitution of the		
± 221\.	V, LINE 4: THE LEAGUE'S ENDOWMENT INVESTMENT POLICY IS T	I O	NVEST
ASSI			
	ETS INTO INVESTMENT INSTRUMENTS APPROVED BY THE FINANCE CO	IMM	TTEE OF
THE	BOARD OF DIRECTORS OF THE INVESTMENT CONSTRUCT		
	BOARD OF DIRECTORS, OR THE INVESTMENT COMMITTEE SUBCOMMIT	TEE	THEREOF,
WITH	I THE ALLOCATION OF FUNDS BASED UPON SPECIFIED TARGET PERC		
	TARGET PERC	ENT.	AGES (OR
RANG	E OF TARGET PERCENTAGES) FOR EACH TYPE OF INVESTMENT INST	T) T** **	73.77
OVER	ALL INVESTMENT OBJECTIVE IS TO MAXIMIZE THE TOTAL RETURN	FROI	4 INCOME
	IDENDS AND INTEREST) AND THE APPRECIATION OF INVESTMENTS.		
ON T	HE ENDOWMENT FUNDS AND ANY INCREASE IN VALUE OVER THE HIS	TOR	CAL
			e D (Form 990) 2012

Part XIII Supplemental Information (continued)
DOLLAR VALUE AT THE TIME OF THE DONATION ARE GENERALLY TRANSFERRED TO
GENERAL OPERATING FUNDS WITHIN THE YEAR EARNED FOR PROGRAM PURPOSES,
INCLUDING, WHERE REQUIRED, THE PURPOSE AUTHORIZED BY THE RELEVANT
CONTRIBUTIONS TO THE ENDOWMENT. CURRENTLY IT IS THE POLICY OF THE BOARD
OF DIRECTORS THAT TRANSFERS FROM THE ENDOWMENT FUNDS DO NOT DEPLETE THE
VALUE OF THE ENDOWMENT FUNDS BELOW HISTORICAL DOLLAR VALUE AT THE TIME OF
DONATION.
PART X, LINE 2: THE LEAGUE HAS NO UNCERTAIN TAX POSITIONS AS OF
SEPTEMBER 30, 2013 AND 2012 IN ACCORDANCE WITH ACCOUNTING STANDARDS
CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS
FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN
POSITIONS. THE LEAGUE IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL
TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2010.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

			► Attach to Form 990.	m 990.			
Name of the organization AMERICAN SIMPHON DIAMETER OF		ESI	LEAGUE				Employer identification number
Part I General Information on Grants and Assistance	and Assistance	3	OKCHESTRAS				23-7300636
1 Does the organization maintain records	to substantiate	the same of the same of					
	sistance?	e amodini of the grant	s or assistance, the	grantees' eligibilit	/ for the grants or ass	sistance, and the selec	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for mor	itoring the use of gran	t funds in the Unite	d States.			No Yes No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Governments al \$5,000. Part II ca	n d Organizations in th in be duplicated if addir	e United States. C tional space is need	omplete if the orga	inization answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALAMAZOO SYMPHONY ORCHESTRA 359 SOUTH KALAMAZOO MALL KALAMAZOO, MI 49007	38-6005710	501(C)(3)	25,000.	0.0			ANN & GORDON GETTY FOUNDATION GRANTS FOR
SPHINX ORGANIZATION 400 RENAISSANCE CENTER, SUITE 2550 DETROIT, MI 48423	38-3283759	501(C)(3)	10,000	O			SUPPORT EDUCATIONAL NEEDS
THE CENTRAL OHIO SYMPHONY ORCHESTRA - PO BOX 619 - DELAWARE, OH 43015	31-1009672	501(C)(3)	000 91				OF SPHINX WINNERS ANN & GORDON GETTY FOUNDATION GRANTS FOR
JACKSONVILLE SYMPHONY ORCHESTRA 300 WEST WATER STREET, SUITE 200 JACKSONVILLE, FL 32202	59-6002520	'	.005.6				COMMUNITY ENGAGEMENT HOST NATIONAL CONDUCTOR
PACIFIC SYMPHONY 3631 S HARBOR BOULEVARD, SUITE 100 SANTA ANA, CA 92704	95-3635496	501(C)(3)	10,000.	0		GH C	PREVIEW PUBLIC VALUE CONSORTIUM
별고병	38-2435775	501(C)(3)	6,000.	o			MET LIFE GOVERNANCE GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				FOR BOARD DEVELOPEMENT
٦,	s listed in the line	1 table					
The state of the s	See the instruct	ions for Form 990.	•				Schodule L'Eorne con motor

232101 12-18-12

Schedule I (Form 990) (2012)

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Page 1 IET LIFE GOVERNANCE GRANT **1ET LIFE GOVERNANCE GRANT** TET LIFE GOVERNANCE GRANT NNN & GORDON FOUNDATION ANN & GORDON FOUNDATION NN & GORDON FOUNDATION ANN & GORDON FOUNDATION ANN & GORDON FOUNDATION ANN & GORDON FOUNDATION OR BOARD DEVELOPMENT FOR BOARD DEVELOPMENT OR BOARD DEVELOPMENT (h) Purpose of grant or assistance RANTS FOR COMMUNITY RANTS FOR COMMUNITY RANTS FOR COMMUNITY RANTS FOR COMMUNITY SRANTS FOR COMMUNITY FOR COMMUNITY 23-7300636 INGAGEMENT NGAGEMENT SNGAGEMENT NGAGEMENT NGAGEMENT ENGAGEMENT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation appraisal, other) (book, FMV, (e) Amount of non-cash assistance Ö °. 。 Ö 0 ٥. ٥. ٥. Ö (d) Amount of cash grant 6,000. 000 9 5,500 37,500 17,500 20,000 15,000 17,500 30,000. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 75-0705442 23-6272140 52-0629696 13-2838450 54-6000598 38-1385132 06-0637319 39-1089489 11-1773636 (p) EIN ASSOCIATION - 111 W COLLEGE AVENUE 100 PEARL STREET 2ND FL. EAST TOWER 240 WEST 35TH STREET, SUITE 405 FOX VALLEY SYMPHONY ORCHESTRA AMERICAN COMPOSERS ORCHESTRA BALTIMORE SYMPHONY ORCHESTRA (a) Name and address of organization or government VIRGINIA SYMPHONY ORCHESTRA HARTFORD SYMPHONY ORCHESTRA DETROIT SYMPHONY ORCHESTRA DALLAS SYMPHONY ORCHESTRA 150 BOUSH ST. SUITE 201 1212 CATHEDRAL STREET BROOKLYN PHILHARMONIC - APPELTON, WI 54911 3711 WOODWARD AVENUE 23 NORTH 6TH STREET ALLENTOWN, PA 18101 BALTIMORE, ND 21201 HARTFORD , CT 06103 NEW YORK, NY 10001 ALLENTOWN SYMPHONY BROOKLYN, NY 11201 NORFOLK, VA 23510 2301 FLORA STREET DETROIT, MI 48201 DALLAS, TX 75201 20 JAY STREET

Schedule I (Form 990)

Schedule | (Form 990) D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in t

Part II Continuation of Control of A LEAGUE OF AMERICAN	AGUE OF A	MERICAN ORCE	ORCHESTRAS		•		23-7300636
	r Assistance to G	overnments and Orga	inizations in the U	nited States (Sche	and Organizations in the United States (Schedule i (Form 990), Part II.)		Fage 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE SYMPHONY ORCHESTRA PO BOX 360 KNOXVILLE, TN 37901	62-6008097	501(C)(3)	35,000	c			ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
LOS ANGELES PHILHARMONIC 151 S GRAND AVENUE LOS ANGELES, CA 90012	95-1696734	501(C)(3)	15,000				ENGAGEMENT ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
MADISON SYMPHONY ORCHESTRA 222 WEST WASHINGTON AVENUE, SUITE A MADISON, WI 53703	39-0839707	501(0)(3)	15,000.	0			ENGAGEMENT ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
MILWAUKEE YOUTH SYMPHONY ORCHESTRA 325 W WALNUT STREET MILWAUKEE, WI 53212	39-0873594	501(C)(3)	15,000.	O			ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PLACE, 9TH FLOOR NEWARK, NJ 07102	22-1559422	501(C)(3)	15,000.	0		A. O.	ENGAGEMENT ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
OMAHA SYMPHONY 1605 HOWARD STREET OMAHA, NE 68102	47-6039304	501(C)(3)	13,500.	0			ENGAGEMENT ANN & GORDON FOUNDATION SRANTS FOR COMMUNITY ENGAGEMENT
PACIFIC SYMPHONY 3631 S HARBOR BOULEVARD, SUITE 100 SANTA ANA, CA 92704	95-3635496	501(C)(3)	20,000.	.0		at to be	ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY ENGACEMENT
PHOENIX SYMPHONY ONE NORTH FIRST STREET, SUITE 200 PHOENIX, AZ 85004	86-6000134	501(C)(3)	20,000.	0		at 60 G	ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY
PITTSBURGH SYMPHONY ORCHESTRA HEINZ HALL, 600 PENN AVENUE PITTSBURGH, PA 15222	25-0986052	501(C)(3)	20,000.	0.		14 15 13 15 15 15 15 15 15 15 15 15 15 15 15 15	ANN & GORDON FOUNDATION GRANTS FOR COMMUNITY ENGAGEMENT

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Schedule I (Form 990)

23-7300636

Page 1 ANN & GORDON FOUNDATION ANN & GORDON FOUNDATION NNN & GORDON FOUNDATION ANN & GORDON FOUNDATION (h) Purpose of grant or assistance BRANTS FOR COMMUNITY BRANTS FOR COMMUNITY BRANTS FOR COMMUNITY BRANTS FOR COMMUNITY ENGAGEMENT NGAGEMENT ENGAGEMENT ENGAGEMENT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance ö 。 0 °. (d) Amount of cash grant 15,000, 15,000, 15,000 15,000. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-7380943 43-0666769 01-6006058 38-3283759 (p) EIN 50 MONUMENT SQUARE, 2ND FL. PO BOX SAN DIEGO YOUTH SYMPHONY & CONSERV 400 RENAISSANCE CENTER, SUITE 2550 (a) Name and address of organization or government PORTLAND SYMPHONY ORCHESTRA 718 NORTH GRAND BOULEVARD SAINT LOUIS SYMPHONY ST. LOUIS, MO 63103 1650 EL PRADO #207A SAN DIEGO, CA 92101 SPHINX ORGANIZATION PORTLAND, ME 04104 DETROIT, MI 48423

Schedule I (Form 990)

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

23-7300636

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: THE LEAGUE PROVIDES AWARDS AND GRANT FUNDING UPON THE GRANTEES' SUBMISSION OF RECEIPTS AND REPORTS THAT DOCUMENT THE (d) Amount of non-cash assistance ٥. ٥. Ö ٥. 0 750. 500. 1,500, 8,000 17,800. (c) Amount of cash grant SATISFACTION OF THE AWARD/GRANT REQUIREMENTS. (b) Number of recipients (a) Type of grant or assistance ORCHESTRA MANAGEMENT PROGRAM NATIONAL CONDUCTOR PREVIEW METLIFE GOVERNANCE GETTY GRANTS AWARDS

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS **Questions Regarding Compensation**

Employer identification number 23-7300636

			Yes	No
78	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	3.0		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	1450		
	I ravel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	o If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	4 (2)	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors	··-		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				\$3 a 15
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.			
	X Compensation committee X Written employment contract		*	
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
	production of the state of the			
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:			
а	Receive a severance payment or change-of-control payment?	4-	1.541.06.41	X
b		4a 4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		$\frac{x}{x}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46	15 m	40 Sec. 5
	The second secon			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		100	7-24
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:			
а	The organization?	5a		X
b	Any related organization?	5b		$\frac{x}{x}$
	If "Yes" to line 5a or 5b, describe in Part III.	30	1, 12, 12, 12, 13	
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:			
а	The organization? Any related organization?	6a	rika i i	X
b	Any related organization?	6b		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 6a or 6b, describe in Part III.	1983 S. S.	25/25/25	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	904.	100	ATURE.
	not described in lines 5 and 6? If "Yes," describe in Part III	_		X
В	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	-+	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
•	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8	\dashv	
	Regulations section 53 4958-6(c)?			

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

Schedule J (Form 990) 2012

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

2012

Open to Public Inspection

Name of the organization

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number 23-7300636

23-7300636 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORCHESTRAS AS THEY ASSURE THE VITALITY OF THE MUSICAL EXPERIENCE, STRENGTHEN THE ENTIRE ORCHESTRAL ORGANIZATION AND DEEPEN THEIR CONNECTIONS WITH THEIR PUBLIC AND THEIR COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADVOCACY THE LEAGUE REPRESENTS THE INTERESTS OF AMERICAN ORCHESTRAS TO MEMBERS OF CONGRESS AND THE EXECUTIVE BRANCH ON ISSUES AFFECTING THE ORCHESTRA FIELD; DISTRIBUTES UPDATES ON PENDING LEGISLATION, WITH RECOMMENDATIONS FOR LOCAL ACTION; AND PROVIDES ASSISTANCE TO ORCHESTRAS TO BUILD THEIR CAPACITY FOR LOCAL AND STATE ADVOCACY. EXPENSES \$ 433,829. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MEMBER SERVICES THE LEAGUE PROVIDES NEARLY 800 MEMBERS WITH EXTENSIVE INFORMATION ABOUT THE FIELD, INCLUDING TRENDS, OPEN POSITIONS AND NEW APPOINTMENTS AND THE MANY OTHER ACTIVITIES OF THE NATION'S ORCHESTRAS. MEMBERS ARE INVITED TO PARTICIPATE IN LIST-SERVES, A CONFIDENTIAL SPACE WHERE THEY CAN SHARE THEIR EXTENSIVE KNOWLEDGE AND LEARN ABOUT BEST PRACTICES THROUGHOUT THE FIELD. EXPENSES \$ 420,812. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION.

Name of the organization AMERICAN GUARDIANIA OR COMPANY	Page 2
Name of the organization AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS	Employer identification number
	23-7300636
OF KEY EMPLOYEES.	
FORM 990 DARM VI GROWTON C. T. T. T.	
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN	TS APPEAR ON THE
LEAGUE'S WEBSITE. COPIES ARE ALSO MADE AVAILABLE TO ALL M	EMBERS AT THE
LEAGUE'S ANNUAL MEETING WHICH IS HELD DURING THE ANNUAL CO	
	ONFERENCE. COPIES
ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990 PART XII LINE 1C	
THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTION OF THE	INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
	

Form 9	90-T	E	xempt Organization Bu	sine	ess Income	Tax Retu	rn i	OMB No. 1545-0687
	ont of the Treasury evenue Service	ł	(and proxy tax und alendar year 2012 or other tax year beginning OCT	der se	ection 6033(e))			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (changed	and see instructions.)	JHF 30, 2	D Emp (Emp	501(c)(3) Organizations Only ployer identification number ployees' trust, see ructions.)
B Exem	npt under section	Print	D/B/A LEAGUE OF AMERIC	CAN	ORCHESTRAS		1	23-7300636
	01(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions.		E Unre	elated business activity codes
40	08(e)220(e)	Type	33 WEST 60TH STREET 51	'H F	LOOR		(See	instructions)
	08A530(a)		City or town, state, and ZIP code			· · · · · · · · · · · · · · · · · · ·		
	29(a)		NEW YORK, NY 10023				541	1800
C Book	value of all assets of year		exemption number (see instructions)				-	······································
8,0	66,663.		organization type X 501(c) corporatio		501(c) trust	401(a) trus	st [Other trust
			ry unrelated business activity. > ADVERTI					
			oration a subsidiary in an affiliated group or a pare	nt-subsi	idiary controlled group?		Y	es X No
			fying number of the parent corporation.					
			TEPHEN LISNER, COO					822-4048
			e or Business Income		(A) Income	(B) Expens	es	(C) Net
	oss receipts or sale	-						
	ss returns and allov		c Balance	1c				
2 Cos 3 Gro	st of goods sold (S oss profit. Subtract	Chequie .	A, line 7)	2				
			om line 1c I Schedule D)	3				
b Net	nain (loss) (Form	4797 Ps	irt II, line 17) (attach Form 4797)	4a 4b		Annual III	garacha. Melacha	
c Can	ital loss deduction	for trust	S	40 4c				
5 Inco	ome (loss) from pa	artnershi	os and S corporations (attach statement)	5				
	nt income (Schedu		······	6		2 + 12 mar 1 m		
		ed incom	e (Schedule E)	7				
8 Inte	erest, annuities, roy	alties, ar	nd rents from controlled organizations (Sch. F)	8				
			1.501(c)(7), (9), or (17) organization					
				9				
10 Exp	loited exempt activ	ity incon	ne (Schedule I)	10				<u> </u>
11 Adv	ertising income (S	chedule	J)	11	187,958.	101,	674.	86,284.
12 Oth	er income (see ins	tructions	; attach statement)	12	-			
13 Tot	al. Combine lines	3 throug	h 12	13	187,958.	101,	674.	86,284.
Part I	Deduction (except for c	ns No t ontribut	t Taken Elsewhere (see instructions folions, deductions must be directly connected	r limitat I with t	tions on deductions) he unrelated business	s income)		
14 Co	mpensation of offi	cers, dire	ctors, and trustees (Schedule K)				14	
15 Sal	laries and wages		·		••••	• • • • • • • • • • • • • • • • • • • •	15	
16 Re	pairs and maintena	ince			• • • • • • • • • • • • • • • • • • • •		16	
17 Ba	d debts				•••••		17	
1 8 Into	erest (attach stater	nent)				• • • • • • • • • • • • • • • • • • • •	18	
19 Tax	kes and licenses			• • • • • • • • • • • • • • • • • • • •			19	
20 Cha	aritable contributio	ns (see i	nstructions for limitation rules)				20	
21 Der	preciation (attach F	orm 456	2)		21		_	
			Schedule A and elsewhere on return			·	22b	
:3 Dep :4 Cor	pielion etributione to defer	rod oom	nanation slave				23	
	nlovee benefit pro	reu cum	pensation plans	• • • • • • • • • • • • • • • • • • • •			24	
26 Exc	pioyee belletit bi ut	giailis eac (Sch	· · · · · · · · · · · · · · · · · · ·		***************************************		25	
.7 Exc	ess readership co	sts (Scha	edule I) dule J)	• • • • • • • • • • • • • • • • • • • •		•••••••	26	86,284.
8 Oth	er deductions (atta	ch state	ment)	•••••	•••••••••••••••••••••••••••••••••••••••	••••••	27	00,204.
9 To	tal deductions.	Add lines	14 through 28				29	86,284.
0 Unr	elated business ta	xable inc	ome before net operating loss deduction. Subtract	line 29	from line 13	••••••	30	0.
1 Net	operating loss dec	luction (I	imited to the amount on line 30)			***************************************	31	
2 Unr	elated business tax	kable inc	ome before specific deduction. Subtract line 31 fro	m line 3	10		32	0.
3 Spe	cific deduction (ge	nerally \$	1,000, but see instructions for exceptions)				33	1,000.
4 Uni	related busines	s taxab	le income. Subtract line 33 from line 32. If line 3	3 is grea	ater than line 32, enter th	e smaller		
of z	ero or line 32						94	n

Part III	Tax Computation					25 / .	00030	, ago
	rganizations taxable as corpora	ations (see ins	tructions for tay o	omputation)			13 u to 195e	
Co	ontrolled group members (section	ons 1561 and	1563) check here	See inst	wetiene and:			
a Er	nter your share of the \$50,000,	\$25 000 and \$	1000) CHECK HELE 20 025 000 tovobl	o income breekets (i	uctions and:			
(1) \$	(2) \$	10,525,000 taxabi		n that order):	1	1	
	nter organization's share of: (1)		tay (not more the	(3) \$				
12	Additional 3% tay (not more the	han C100 000	tax (not more tha	ın \$11,750) [\$				
c in	Additional 3% tax (not more ti	nan \$ 100,000)		[\$				
36 Tr	come tax on the amount on line	34					► 35c	0
· • • · ·	usts taxable at trust rates (see	linstructions to	r tax computation	i). Income tax on the	amount on line 34 from	m:		
□ 27 De	Tax rate schedule or) Schedule D (Form 1041)		• • • • • • • • • • • • • • • • • • • •		36	
	oxy tax (see histractions)						37	
	ternative minimum tax			***************************************	•••••••••••		38	
39 To	tal. Add lines 37 and 38 to line 3	35c or 36, whi	chever applies				. 39	0
raitiv	Tax and Payments							
40a Foi	reign tax credit (corporations at	tach Form 111	8; trusts attach Fo	orm 1116)	40a			
	ner credits (see instructions)			***************************************	40b			
c Ge	neral business credit. Attach Foi	rm 3800			40c			
u Ole	suit for prior year minimum tax (attach Form 8	801 or 8827)		[40d		7	
e To	tal credits. Add lines 40a through	gh 40d					40e	
41 Su	Dtract line 40e from line 39						41	0.
42 Oth	ner taxes. Check if from: Fo	orm 4255 🗀	Form 8611	Form 8697	Form 8866 Oth	IAT (attach statement	42	
								0.
44 a Pay	ments: A 2011 overpayment cr	redited to 2012	2	• • • • • • • • • • • • • • • • • • • •	449		40	
b 20	12 estimated tax payments			•••••	44h		- 17	
c Tax	deposited with Form 8868			•••••••••••	440		-	
d For	eign organizations: Tax paid or v	withheld at sou	irce (see instructi)	440			
e Bac	ckup withholding (see instruction						-	
	dit for small employer health ins		ume (Attach Form	9041)	44e			
a Oth	er credits and payments:		Form 2439		441			
3 Cui	Form 4136		Other		-, , , , ,			
45 Tot					otal 🕨 🔼 44g			
46 Esti	al payments. Add lines 44a thro	nugii 449 ono). Chook ifi	Earm 2000 is all	-h-4 b []		• • • • • • • • • • • • • • • • • • • •	45	
47 Tax	mated tax penalty (see instruction	otal of lines 40	roini 2220 is atta	cnea 🖊 📖				
48 Ove	due. If line 45 is less than the to	ulai ui iilles 43 on the total of	and 46, enter ar	iount owed	•••••••••••••••••••••••••••••••••••••••		47	0.
49 Ente	erpayment. If line 45 is larger the	an the total of	ines 43 and 46, 6	inter amount overpai	d	······ >	48	0.
Part V	er the amount of line 48 you war	nt Cortain	2013 estimated	tax Dalam Indi		Refunded >	49	
1 Atanuti	Statements Regarding	ig Certail	Activities	and Other Into	prmation (see inst	ructions)		
1 At any ti	me during the 2012 calendar ye	ar, did the orga	anization have an	interest in or a signa	ture or other authority	over a financial a	count (bank,	, Yes No
Securitie	s, or other) in a foreign country	? If "Yes," the c	organization may	have to file Form TD	F 90-22.1, Report of Fo	oreign Bank and F	inanciał	
ACCOUNTS 2 During the	s. If "Yes," enter the name of the tax year, did the organization receive ee instructions for other forms the org	foreign counti	ry here ►	Nor of or transferor to	Poroies Import			
If "Yes," s	ee instructions for other forms the org	anization may ha	ive to file.	ntor or, or transferor to, a	i loreigh trust?			X
3 Enter the	e amount of tax-exempt interest	received or ac	crued during the t	tax vear ▶ \$				
	A - Cost of Goods S	old. Enter m	ethod of invent	ory valuation	N/A			
1 Inventory	y at beginning of year	1		6 Inventory at e	nd of year		6	
2 Purchase	es	2			sold. Subtract line 6			
3 Cost of la	abor	3			nter here and in Part I,	line 2	7	
	section 263A costs (att. statement)	48			f section 263A (with re		<u> </u>	Yes No
b Other cos	sts (attach statement)	4b			uced or acquired for re			168 140
	ld lines 1 through 4b	-9		the organization		saic, apply to		X
Ų	Inder penalties of perjury, I declare the orrest, and complete. Declaration of p	at I have examine	d this return, includi	ng accompanying sched	ules and statements, and t	o the best of my kno	wiedge and bel	inf it is true
ign °	orresp and complete. Declaration of p	reparer (other tha	an taxpayer) is based	on all information of wh	ich preparer has any know			
lere	What -	_	1 4/1	IL DDE	S/CEO			uss this return with
	Signature of officer		Date / /	Title	3/CEO		e preparer shov	
	Print/Pype preparer's name		Dranavaria sian	,	10.1		structions)?	Yes No
	Trine-Type preparer S name		Preparer's sign	ature	Date	Check i	f PTIN	
Paid	ROBERT LYONS		1/2/10	01.	11/0/1	self- employed		
reparer		PANETH	IIID	16 Mins	14/9/10			227472
Jse Only	Firm's name ► MARKS				·	Firm's EIN	<u> 11-3</u>	3518842
	1.		AVENUE	7				
244 -:	7 31277	TOKK,	NY 1001	<u>'</u>		Phone no.		3-8800
23711 01-11-13							For	m 990-T (2012)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see ins	truction	ns)				_				
1. Des	cription o	of income			2. Amount of income	direct	Deductions ly connected th statement)		Set-asides ach statement)	5. Total deductions and set-asides
(1)						lattac	ii statement)	+		(col. 3 plus col. 4)
(2)								+-		
(3)								- 		
(4)								<u> </u>		
Totals				.	Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited	Exen	npt Activity I	ncom	e, Othe	r Than Advertis	ng Ind	ome	- <u>12.5</u> - 12.5		0.
(see instru	uctions)						,		
Description of exploited activity	ir	2. Gross lated business acome from the or business		elated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 through 7.	from a	oss income activity that unrelated ess income	att	Expenses ributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						<u> </u>		 		
(2)			*****					 		
(3)								 		
(4)							·	 		
Totals	pa line	r here and on ge 1, Part I, e 10, col. (A).	Enter her page 1, line 10,	Part I, col. (B).						Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	na Inc	come (see inst	ruction	6)					- 10 M 14	0.
Part I Income From I	Perio	dicals Repor	ted or	n a Cons	solidated Basis					
					bondated Dasis					
1. Name of periodical		2. Gross advertising income		Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. (Circulation ncome	6. R	eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								 		
(2)					1			 		
(3)										
(4)						-				
,						1			*	
otals (carry to Part II, line (5))	▶	0.		0.						0.
Part II Income From F	erioc	licals Report	ed on	a Sepa	rate Basis (For ea	ach peri	odical liste	d in Par	II fill in	<u> </u>
columns 2 through	7 on a l	line-by-line basis.	.)			zon pon	odiodi iisto	u III I ai	. 18, 1111 31 1	
				· · · · · · · ·	4. Advertising gain	Τ		r—		7 .
1. Name of periodical		2. Gross advertising income		Direct	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SYMPHONY										
(2) MAGAZINE		187,958.	101	.,674.	86,284.	306	,686.	404	,998.	86,284.
(3)										
(4)										
otals from Part I		Enter here and on page 1, Part I, iine 11, col. (A).	page	0 • nere and on 1, Part I, 1, col. (B).				1		Enter here and on page 1,
otals, Part II (lines 1-5)		187,958.		,674.						Part II, line 27.
chedule K - Compens	ation	of Officers	Direct	ore and	d Trustees (see in	otru otic				86,284.
	4	or officers,		lors, and	u ilustees (see il	istructio	3. Percen	t of I		
1. Na	me				2. Title		time devote	ed to		sation attributable ated business
1)					·- · · · · · · · · · · · · · · · · · ·			%		
2)						· · · · · · · · · · · · · · · · · · ·		%		
3)										
4)		·						% %	· · · · · · · · · · · · · · · · · · ·	
otal. Enter here and on page 1, Par	rt II. line	14		L						
The second secon	,	,			***************************************		***************************************	▶		0. Form 990-T (2012)
7704										-nm 3737U= I /20110\

CT-2

New York State Department of Taxation and Finance

Corporation Tax Return Summary

2c Legal name of corporation

AMERICAN SYMPHONY ORCHESTRA LEAGUE 2c. D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Payment enclosed 8.

- 1 Return type
- 2a Employer ID number (EIN)
- 2b File number (FCC)
- 3 Period beginning date (mmddyy)
- 4 Period ending date (mmddyy)
- 5 Amended (Y=1; N=0)
- 6 Address change (Y=1; N=0)
- 7 Final (Y=1; N=0)
- 9 NAICS code
- 10 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)
- 11a Type of bank Clearinghouse (Y = 1, N = 0)
- 11b Type of bank · Savings (Y = 1, N = 0)
- 11c Type of bank Other commercial (Y = 1, N = 0)
- 12 Federal 1120-H filed (Y = 1, N = 0)
- 13 REIT/RIC indicator (Y=1, N=0)
- 14 QSSS indicator (Y = 1, N = 0)
- 15 Form ID number
- 16 Tax sub type
- 17 Tax due/MTA surcharge
- 18 Mandatory first installment (MFI) no extension filed and tax due is over \$1,000
- 19 Return a Gift to Wildlife
- 20 Breast Cancer Research and Education Fund
- 21 Prostate Cancer Research, Detection, and Education Fund
- 22 9/11 Memorial
- 23 Volunteer Firefighting & EMS Recruitment Fund
- 24 Balance due
- 25 Amount of overpayment credited to next period NYS
- 26 Refund of overpayment
- 27 Refund of unused tax credits
- 28 Tax credits to be credited as an overpayment to next year's return
- 29 Amount of overpayment credited to next period MTA
- 30 Amount of MTA surcharge retaliatory tax credit to be refunded
- 31 Total license fee
- 32 Maintenance fee due
- 33 Fixed dollar minimum
- 34 (Combined) parent's EIN
- 35 New York receipts
- 36 Alternative entire net income (ENI) percentage
- 37 Computation of issuer's allocation percentage
- 38 Issuer's allocation percentage
- 39 Paid preparer's EIN

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2a.	_	23	<u>} -</u>	7	3	00	6	36
				2	b.		M	м7
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	19.							T	
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39.

For office use only

284951 11-05-12 **1019**



Form CT-186-E filers only

40	Excise tax on telecommunication services - NYS	40.	
41	Tax on gross income - NYS	41.	
42	MTA surcharge related to telecommunication services	42.	
43	MTA surcharge on gross income	43.	
44	No CT-5.9-E filed and line 1 is over \$1,000 - NYS	44.	
45	No CT-5.9-E filed and line 1 is over \$1,000 - MTA	45.	
46	No CT-5.9-E filed and line 2 is over \$1,000 - NYS	46.	
47	No CT-5.9-E filed and line 2 is over \$1,000 - MTA	47.	
48	Add lines 8 and 9 - NYS	48.	
49	Add lines 8 and 9 - MTA	49.	
50	Balance due - NYS	50.	
51	Balance due - MTA	51.	
52	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$, $N = 2$, $Both = 3$)	52.	
53	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0, Y = 1, N = 2, Both = 3) 53.	
54	Overpayment credited to next year's tax - NYS	54.	
55	Overpayment credited to next year's tax - MTA	55.	
56	Refund of overpayment - NYS	56.	
57	Refund of overpayment - MTA	57.	
58	Refund of unused tax credits - NYS	58.	
59	Refund of unused tax credits - MTA	59.	
60	Refundable tax credits to be credited to next year's tax - NYS	60.	
61	Refundable tax credits to be credited to next year's tax - MTA	61.	

284952 11-05-12 **1019**



2012

CT-13

New York State Department of Taxation and Finance
Unrelated Business Income

	Amended	i ax Return		All filers e	nter tax period:					
г	return Employer identification number	Tax Law - Article 13		beginning	10-01-1	. 2 ei	nding)-13	3
J		41	Business teleph					u claim an payment, mark ,		
4	23-7300636 Legal name of corporation	MM7	212-26					in the box		
ı	•	ODGITEGED > -	= 2	Trade nam	e/DBA					
-	AMERICAN SYMPHONY	URCHESTRA L	EAGUE							
	D/B/A LEAGUE OF AM Mailing name (if different from legal name above		ESTRAS	Sheka ay a						
	•	,			untry of incorporation	Date receiv	ed (for T	ax Department	use only)
	c/o Number and street or PO box			NY Date of inc	ornoration					
	33 WEST 60TH STREE	m Emii ni oon		l l						
┞	City		State ZIP code		.5-62					
	NEW YORK, NY 1002		Zii oodo	business in N	rations; date began (S 0 – 8 6					
-	NAICS business code number (from federal retur		one If you	need to update y		A ella W T				
	541800	above is new	phone	information for o		Audit (for 1	ax Depar	rtment use only)		
4	Principal unrelated business activity	mark an X in	- Ur Oure	r tax types, you	can do so					
	ADVERTISING			See <i>Business ii</i> n CT-1.	ntormation					
	· · · · · · · · · · · · · · · · · · ·	TO47 Application to- For		· - · · ·				1 1		,,, r
⊟ M∗	ave you filed New York State Form Cark an χ in this box if you are an employe	1-247, Application for EX	empuon nom Code (IDO)	UII Franchise Tax					No	Ă.
Ma	ark an χ in this box if you ceased operati	ng the unrelated husiness	during the tay year cov	rection 401(a)	rn (ļ	
Г	A. Pay amount shown on line 22. M	lake neveble to	anning the tax year cov		iii (see section Who m	nust file Form	CT-13 i	n the instruction Payment enclo		
	 Attach your payment here. Detail 	iake payable to: New γ ch all check stubs. (See	ork State Corporation	n Tax aile ì] ,		rayment encit	seu	
_	omputation of income and		, mondonomo vor den	2113.7		A	<u> </u>			
	Federal unrelated business taxable		oratina loss dodustis	n and offer fit	000			····		
•	specific deduction					. 1				0.
2	New York State Article 13 and Artic	cle 23 tax deducted on	federal return				-			<u>··</u>
. 3	Additions required for shareholder	s of federal S corporation	ons (see instructions)		····· 				
4	Grossed-up taxes for shareholders	of New York S corpora	ations (see instruction	' ns)	••••••••					
	Other additions (see instructions)									
	Add lines 1 through 5									—
7	Other income (see instructions)		••••••	7		·····	<u> </u>			
8	Federal S corporation shareholder	subtractions (see instru	ıctions)	8						
	Other subtractions (see instruction		• • • • • • • • • • • • • • • • • • • •							
	Total subtractions (add lines 7, 8, a				· · · · · · · · · · · · · · · · · · ·	10	<u> </u>			
11	Taxable income before net operation	ng loss deduction (subt	ract line 10 from line	6)		11	+-			0.
12	New York net operating loss deduc	ction (attach federal and	d NYS computations;	see instruction	ns)	12	_			
13	Taxable income (subtract line 12 fro	om line 11)				13				0.
	Allocated taxable income (multiply	line 13 by	% from line 42	2; or enter amo	unt					
	from line 13 if allocation is not cl	aimed)	************************			• 14				
15	Tax based on income (multiply line	14 by 9% (.09))			····					0.
16	Minimum tax	*******************************				16			250 •	
17	Tax (line 15 or line 16, whichever is	larger)				17			25	
18	Total prepayments from line 46					• 18			25	0.
19	Balance (if line 18 is less than line 1	7, subtract line 18 from	line 17)	· · · · · · · · · · · · · · · · · · ·		19				
20	Interest on late payment (see instru	ctions)	•••••		• • • • • • • • • • • • • • • • • • • •					
21	Late filing and late payment penalti	es (see instructions) 🔝				• 21				
22	Balance due (add lines 19, 20, and	21 and enter here; ente	er the payment amou	nt on line A ab	ove)	22				· · · ·
23	Overpayment (if line 17 is less than	line 18, subtract line 17	from line 18)				—			
	Amount of overpayment on line 23									
25	Amount of overpayment on line 23:	to be refunded (subtra	ct line 24 from line 23	3)		25	1			

See page 3 for third-party designee, certification, and signature entry areas.



Have	you been audited by th	e Internal Rever	nue Service in the p	ast 5 years?	Yes	No X	If Yes, list	years:			
Fede	ral return was filed on:	990-T X	Other:				Attach a complet	ө сору о	f you	ır federal r	eturn.
Sch	edule A - Unrelate	d business	allocation								
if you	did not maintain a regunouse, or other space rection, nature of activiti	lar place of bus	iness outside New `the taxpayer in its (unrelated bu	leave this sched usiness. If you c	lule blank. laim this a	A regular place o	of busines a list of ea	s is a ach p	any office, olace of bus	factory, siness,
					Α		В	_			
Ave	rage value of:				New York	State	Everyw	here			
				26					_		
27	Gross rents (attach list)			27					_		
				1 1					_		
29	Other tangible persona	l property owne	d	29					_		
30	Total (add lines 26 thro	ugh 29)		30					_		
	Percentage in New Yor				lumn B)			L	31		%
Rec	eipts in the regula	r course of	business from:	· -					_		
32	Sales of tangible perso	nal property sh	pped to				ļ				
	points within New Y	ork State							_		
33	All sales of tangible per	sonal property		33					4		
34	Services performed			34					_		
35	Rentals of property			35							
36	Other business receipt	s		36					_		
37	Total (add lines 32 thro	ough 36)		37					_		
	Percentage in New Yor			y line 37, co	lumn B)				38		<u>%</u>
39	Wages, salaries, and o			1 1							
	(except general exec	cutive officers)		39				———Т	_		
40	Percentage in New Yor	k State (divide	line 39, column A, b	y line 39, co	olumn B)				40		%
41	Total of New York Sta	ite percentage	s (add lines 31, 38, a	and 40)					41		%
42	Business allocation pe	rcentage <i>(divide</i>	line 41 by three or	by the numi	ber of percentag	res)	Date paid	<u> </u>	42	Amount	<u>%</u>
	nposition of prepa						02-15-			Amount	250.
	Payment with extension						02-13-	14			250.
	Second installment fro								-		
	Third installment from										
	Fourth installment from							145			
	Amount of overpayment										250.
46	Total prepayments (ad							[40]			250.
	* Taxpayers subject t If you did make the	o the unrelated se unrequired p	business income ta ayments, report the	x are not re m on lines 4	quired to make 14a, 44b, and 44	estimated lc.	tax payments.				
	ended return infor										
If filir	ng an amended return, n	nark an χ in the	box for any items t	hat apply ar	nd attach docum	nentation.					
Final	federal determination	• [] If mai	rked, enter o	date of determin	ation:	•			_	
Net	operating loss (NOL) car	ryback •	Capit	al loss carry	/back	•••••			•[
Fede	ral return filed F	orm 1139 •	7 Amer	nded Form 9	990-T				•[



Form 990-T	Exempt Organization Bus	sine	ss Income 1	Γax Retur	n l	OMB No. 1545-0687
Department of the Treasury Internal Revenue Service	(and proxy tax und	ler se	ction 6033(a))			Open to Public Inspection for
A Check box if address changed	Name of organization (L Check box if name of AMERICAN SYMPHONY ORCH	changed IEST :	and see instructions.) RA LEAGUE		D Emp (Emp	loyer identification number ployees' trust, see uctions.)
B Exempt under section	Print D/B/A LEAGUE OF AMERIC	AN (ORCHESTRAS		1 2	3-7300636
X 501(c)(3)	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.	·	E Unre	lated business activity codes
408(e) 220(e)	33 WEST GUTH STREET 5T	H F	LOOR		(500	instructions)
408A530(a)	, , , , , , , , , , , , , , , , , , , ,				7	
529(a)	NEW YORK, NY 10023				541	800
	F Group exemption number (see instructions) G Check organization type ► X 501(c) corporation	n	501(c) trust	401(a) trust		Other trust
8,066,663.	5	" _	00 1(0) 11 431	40 I(a) II usi	. <u>L</u>	Other trust
H Describe the organization	n's primary unrelated business activity. ADVERTI	SIN	3			
	the corporation a subsidiary in an affiliated group or a parer			—	☐ Y€	es X No
If "Yes," enter the name a	and identifying number of the parent corporation.		• • • • • • • • • • • • • • • • • • • •			
J The books are in care of	► STEPHEN LISNER, COO		Teleph	one number	646-	822-4048
Part I Unrelated	d Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	es					
b Less returns and allow		1c				
2 Cost of goods sold (S	chedule A, line 7)	2				
3 Gross profit, Subtract		3				
4a Capital gain net incom	ne (attach Schedule D)	48				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b			with the second second	
c Capital loss deduction	for trusts	4c				
	artnerships and S corporations (attach statement)	5		大學學學學	HERA SALE	
6 Rent income (Schedul		6				
7 Unrelated debt-finance	ed income (Schedule E)	7				
	/alties, and rents from controlled organizations (Sch. F)	8				
	a section 501(c)(7), (9), or (17) organization					
10 Exploited exempt activ	/ity income (Schedule I)	9				
11 Advertising income (S	chedule 1)	10	187,958.	101 4	77.4	96 294
12 Other income (see insi	chedule J)	12	107,330.	101,6	74.	86,284.
13 Total Combine lines	3 through 12	13	187,958.	101,6	77	86,284.
Part II Deduction	ns Not Taken Elsewhere (see instructions for		ions on deductions)	101,0	7/4.	00,204.
(except for c	ontributions, deductions must be directly connected	l with th	ne unrelated business	•		
14 Compensation of office	cers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	
16 Repairs and maintena	ance				16	
17 Bad debts					17	
 18 Interest (attach stater 19 Taxes and licenses 	nent)		•••••			
19 Taxes and licenses 20 Charitable contributio	no (one instructions for limitation mules)		•••••		19	
21 Depreciation (attach F	ns (see instructions for limitation rules)				20	
22 Less depreciation clai	orm 4562) med on Schedule A and elsewhere on return		21 22a	 	001	
					22b	
24 Contributions to defer	red compensation plans	•••••			23	
25 Employee benefit prod	grams	•••••	***************************************		25	
26 Excess exempt expens	ses (Schedule I)				26	
7 Excess readership cos	sts (Schedule J)		***************************************		27	86,284.
8 Other deductions (atta	ach statement)				28	00,204.
9 Total deductions.	Add lines 14 through 28			***************************************	29	86,284.
Unrelated business tax	xable income before net operating loss deduction. Subtract	line 29 f	rom line 13		30	0.
1 Net operating loss dec	fuction (limited to the amount on line 30)				31	
2 Unrelated business tax	xable income before specific deduction. Subtract line 31 from	m line 3	0		32	0.
3 Specific deduction (ge	enerally \$1,000, but see instructions for exceptions)				33	1,000.
4 Unrelated busines	s taxable income. Subtract line 33 from line 32. If line 33	3 is grea	ter than line 32, enter the	e smaller		
of zero or line 32					34	0.

Form **990-T** (2012)

Part III	Tax Computation						· ·	43	7300	030		raye
	Organizations taxable as corpor	ations (see inc	tructions for toy	noma:-	ation)					201		
(Controlled group members (secti	ions 1561 and	1563) chack hore	. L	alion).							
a E	Controlled group members (sections 1561 and 1563) check here ► See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):								i in			
									Lon Sil	5.		
	Enter organization's share of: (1)		toy /not more th		(3) \$			_!				
	(2) Additional 3% tay (not more t	than \$100 000	Lax (not more th	an \$11,	750) [\$			اِــ	isig			
e l	(2) Additional 3% tax (not more t			• • • • • • • • • • • • • • • • • • • •	[\$							
36 1	income tax on the amount on line	instructions fo				• • • • • • • • • • • • • • • • • • • •	•••••		. 🕨 🔼	5c		0.
·	Trusts taxable at trust rates (see	Ilisu uctions to	r lax computatio	n). Inco	me tax on the am	ount on	line 34 fr	om:	N.			
37 F	Tax rate schedule or) a sinasiive r	rorm 1041)		•••••	• • • • • • • • • • • • • • • • • • • •			▶ _3	6		
38 A	Proxy tax (see instructions)		• • • • • • • • • • • • • • • • • • • •	•••••		• • • • • • • • • • • • • • • • • • • •			▶ 3	7		
	Alternative minimum tax Total. Add lines 37 and 38 to line 35c or 36, whichever applies							3	8			
Part IV	Tax and Payments	350 or 36, Whi	chever applies						3	9		0.
40a F	oreign tax credit (corporations at	mach Form 111	8; trusts attach F	orm 11	16)		40a					
	Other credits (see instructions)			•••••			40b			i a		
C G	General business credit. Attach Fo	rm 3800	•••••				40c					
a C	realt for prior year minimum tax	(attach Form 8	801 or 8827)				404					
e I	otal credits. Add lines 40a throu	gh 40d							40)e		
71 3	nubiliaci iiile 40e from fille 39								_ A	1		0.
42 0	ther taxes. Check if from: F	orm 4255 🗔	☐ Form 8611 [For	m 8697 🔲 For	rm 8866	5 🔲 O	ther (attach state	ment) 4			
43 T					•••••							0.
44 a Pa	ayments: A 2011 overpayment o	redited to 2012	2			1	44a		7			
b 20	012 estimated tax payments					·····	44b					
C Ta	ax deposited with Form 8868		***************************************			·····	44c					
d Fo	oreign organizations: Tax paid or	withheld at sou	rce (see instruct	ions)		·····	44d					
e Ba	ackup withholding (see instructio	ins)				····· -	44e			in the second		
f Cr	redit for small employer health in	surance premi	ıms (Attach Forn	 1 80/1\		·····	441					
ø Ot	ther credits and payments:		Form 2439	10341)		├-	441			Š.		
<u>. ق</u>	Form 4136		<u> </u>		Total					X.		
45 To					Total		44g					
46 Es	otal payments. Add lines 44a thre	iona) Chaek if	0000 :#			• • • • • • • • • • • • • • • • • • • •			4	<u> </u>		
47 Ta	stimated tax penalty (see instructi	total at lines. 40	rorm 2220 is atta	icnea p	►				46	_		
48 0\	ax due. If line 45 is less than the t	total of lines 43	and 46, enter an	nount o	wed	• • • • • • • • • • • • • • • • • • • •			▶ 47	<u>'</u>		0.
40 U\	verpayment. If line 45 is larger th	ian the total of	lines 43 and 46,	enter an	nount overpaid	•••••			▶ 48			0.
49 En	nter the amount of line 48 you wa	nt: Credited to	2013 estimated	tax	> >45 12	47 .		Refunded	▶ 49			
		ng Certair	Acuvities	and (Jiner Intorm	natior	1 (see in:	structions)				
1 At any	time during the 2012 calendar ye	ear, did the orga	anization have an	interes	t in or a signature	or othe	er authorit	ly over a financi	al account	t (bank,	Yes	No
securiti	ies, or other) in a foreign country	?? If "Yes," the c	rganization may	have to	file Form TD F 90)-22.1, F	Report of	Foreign Bank a	nd Financi	a!		K. 19 14 15 1
ACCOUR 2 During th	nts. If "Yes," enter the name of the	e foreign counti	ry here ►	ntor of a								Х
If "Yes,"	nts. If "Yes," enter the name of the the tax year, did the organization receiv see instructions for other forms the organization	ganization may ha	ve to file		r transferor to, a fore	eign trust	/ · · · · · · · · · · · · · · · · · · ·					X
3 Effler II	ne amount of tax-exempt interest	received or ac	crued during the	tax vea	r▶\$							
	e A - Cost of Goods S	Old. Enter m	ethod of inven	tory va	luation 🕨 N	1/A						
	ory at beginning of year	1		6	Inventory at end o	of year			6			
2 Purcha	***************************************	2		7	Cost of goods sol	ld. Subt	ract line 6	3	7.1			
3 Cost of	labor	3] :	from line 5. Enter	here an	d in Part	I. line 2	7	1		
	al section 263A costs (att. statement)	4a		3	Do the rules of sec			• • • • • • • • • • • • • • • • • • • •	··· <u></u>		Yes	No
b Other co	osts (attach statement)	4b		1	property produced			•	1		100	NO -
	Add lines 1 through 4b	5		1 1	he organization?							Х
. T	Under penalties of perjury, I declare the correct, and complete. Declaration of	at I have examine	d this return, includ						/ knowledge	and belief, i	t is true.	
Sign	correct, and complete. Declaration of	hisharea (other tha	ırı (axpayer) is base	on all in	normation of which p	oreparer h	as any kno	wledge.				
Here			1 .		► PRES/	CEO				RS discuss		vith
•	Signature of officer		Date		Title	020		· · · · · · · · · · · · · · · · · · ·		ner shown b		7
` .	Print/Type preparer's name		Preparer's sign	aturo		Doto		Charle			Yes	No
Doid			Tropaler 5 Sign	ature		Date		Check	if P	IN		
Paid	ROBERT LYONS		1					self- emplo	' I	20022	7450	
Preparer	5:	РАМЕТ	I.I.P			L		I		0022		
Use Only		THIRD						Firm's EIN	<u> </u>	l1-35	T8847	4
			NY 1001	7				1	011		000	_
223711 01-11-1		- OIUL,	74T TOOT	<u>′</u>				Phone no.	212	503		
LEGI I I U I-17-7	10									F (DOO T	2040

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see inst	tructions)				•					
1. Des		2. /	Amount of income	directi	eductions connected statement)		t-asides statement)	5. Total deductions and set-asides		
(1)					lattaci	Statement	- 		(col. 3 plus col. 4)	
(2)							 			
(3)							 			
(4)							 			
				here and on page 1, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).	
Totals			▶	0.					0.	
Schedule I - Exploited (see instru	Exempt Activity	Income, O	ther Th	an Advertisi	ng Inc	ome		<u> </u>	1	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connect with production of unrelated business incom	ed from bus min	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross income from activity that is not unrelated business income		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)							-			
(2)		·					 			
(3)		······································					 			
(4)							 			
Totals	Enter here and on page 1, Part I, line 10, col. (A).		0 .						Enter here and on page 1, Part II, line 26.	
Schedule J - Advertisii	ng Income (see ins	tructions)				1 11 July 14 J		177.52	0.	
Part I Income From	Periodicals Repo	ted on a C	Consolic	ated Basis						
	•									
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	t or costs col.	Advertising gain (loss) (col. 2 minus 3). If a gain, compute cols. 5 through 7.	inus 5. Circulat mpute income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)			1.00							
(2)										
(3)		†								
(4)					<u> </u>					
									* 32/2 phas 31.5%	
otals (carry to Part II, line (5))	▶ 0	.	0.		1				0.	
Part II Income From P	Periodicals Repor	ted on a S	eparate	Basis (For ea	ch nerio	dical liste	d in Part II	fill in	<u> </u>	
columns 2 through	7 on a line-by-line basis	i.)	ора. а с	2010 (10, 68	ion penc	uicai iistet	u III Fait II,	tur iri		
***************************************		i 	1	Advertising gain	1				-	
1. Name of periodical	2. Gross advertising income	3. Direct advertising c	osts col.			5. Circulation income		rship s	Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) SYMPHONY										
(2) MAGAZINE	187,958	101,6	74.	86,284.	306	,686.	404,9	98.	86,284.	
(3)										
(4)										
otals from Part I	0.		0.		ywayir.		5.37.4		0.	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (ti, Lagiy						Enter here and on page 1, Part II, line 27.	
otals, Part II (lines 1-5)	. ▶ 187,958.	101,6	74.						86,284.	
Schedule K - Compens	ation of Officers,	Directors,	and Tr	ustees (see in	struction	ıs)			<u> </u>	
1. Name				2. Title 3. F time of but			d to	4. Compens to unrela	eation attributable ted business	
1)							%			
2)							%			
3)							%			
4)							%			
ital. Enter here and on page 1, Par	t II, line 14						▶		0.	
							·· - I.		om 990-T (2012)	