990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2010 I		<del></del>		20 11
			ar year, or tax year beginning July 1 , 2013, and e		June 3	
_	Check if ap		C Name of organization	D Emp	loyer id	entification number
$\equiv$	Address c	-	Greenwich Village Orchestra			3-3349320
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)	n/suite E Teler	ohone n	umber
=	Initial retur Terminate		PO Box 573		91	7-822-6502
$\equiv$	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
	Application	n pending	New York NY 10014-0573	Nur	nber I	
G ,	Account	ting Method	✓ Cash	H Check	<b>▶</b>	of the organization is <b>not</b>
LA	<b>Nebsite</b>	: ▶		required	d to att	ach Schedule B
JT	ax-exen	npt status (che	ick only one) —   501(c)(3)	527 (Form 9	90, 99	0-EZ, or 990-PF).
K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other			
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total assets	1	
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	see the instru	ctions	for Part I)
		Check If	the organization used Schedule O to respond to any question in thi	s Part I		
	1	Contribution	ons, gifts, grants, and similar amounts received		1	21,699 36
	2	Program s	ervice revenue including government fees and contracts		2	13,049 00
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory   5a			
	b		or other basis and sales expenses		1	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a	a)	5c	0
	6		d fundraising events	,		<u></u>
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
ue		\$15,000)	6a			
Revenue	b	Gross inco	me from fundraising events (not including \$ of conf	tributions	1 1	
ě			aising events reported on line 1) (attach Schedule G if the			
_			h gross income and contributions exceeds \$15,000) 6b			
	С	Less direc	t expenses from gaming and fundraising events 6c		1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract	1 1	
		line 6c) .			6d	0
	7a	Gross sale	s of inventory, less returns and allowances	800 00		
	b	1	of many days (Company)	2386 29	1 [	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-1586 29
	8		nue (describe in Schedule ()		8	55 04
	9	Total reve	nue. Add line(\$), 2\\$, 4, 5è, 6d, 7c, and 8		9	33,217 11
	10		sımılar amgunts paid (list in Schedule O)		10	0
	11		uid to or for members		11	0
Ś	12		ther compensation and employee benefits		12	0
ıse	13		al fees and other payments to independent contractors		13	24,150 00
Expens	14		/, rent, utilities, and maintenance		14	3,205 91
X	15		ublications, postage, and shipping		15	5,021 22
	16		enses (describe in Schedule O)		16	11,637 57
	17	Total expe	enses. Add lines 10 through 16		17	44,014 70
	18		10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	· · · · · ·	18	10,797 59
ets	19		or fund balances at beginning of year (from line 27, column (A)) (mu			10,737 33
SS			r figure reported on prior year's return)	_	19	74,030 69
Net Assets	20	· ·	ges in net assets or fund balances (explain in Schedule O)		20	0
ž	21		·		21	63,233 10
For			ion Act Notice, see the separate instructions.  Cat No 10			Form <b>990-EZ</b> (2013)

Pa	t II , Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			ļ	(A) Beginning of year	22.1	(B) End of year
22	Cash, savings, and investments			50,674 50		39,970 68
23	Land and buildings	• •	• • • • •		23	0
24	Other assets (describe in Schedule O)		• • • • •	23,356 <u>19</u> 74,030 69		23,262 42
25	Total liabilities (describe in Schedule O)				26	63,233 10 0
26 27	Net assets or fund balances (line 27 of column		F	74,030 69	$\overline{}$	63,233 10
Par					~•	
1 41	Check if the organization used Schedule				/Bar	Expenses guired for section
Wha	<u> </u>	concert performance	· · · · · · · · · · · · · · · · · · ·	· <del>•</del> · · · · ·		(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis			rogram services		anizations and section
as m	neasured by expenses. In a clear and concise months benefited, and other relevant information for each	anner, describe the	e services provided	I, the number of		7(a)(1) trusts, optional others)
28	The Greenwich Village Orchestra is a volunteer symp	hony orchestra, whi	ch offers profession	al-level		
	performances to a diverse community throughout Ma					
	six concerts, which includes an annual Family Conce	ert, to a combined au	dience of approxima	tely 2000		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ 🗆	28a	44,014 70
29						
		· • • • • • • • • • • • • • • • • • • •				
		·	<del></del>			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	<b>2</b> 9a	i l
30						
	(Grants \$ ) If this amount	ıncludes foreign gra	ents check here	▶ □	30a	
31	Other program services (describe in Schedule O)					<u> </u>
31		includes foreign gra			31a	1
	(GIGINS ©				-	
32	Total program service expenses (add lines 28a	through 31a)		▶	32	44,014 70
_	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key			<u> ▶</u>	-	1 1,01170
_		/ Employees (list eac	n one even if not com ny question in this	pensated-see the ⊪ Part IV	-	1 1,01170
_	List of Officers, Directors, Trustees, and Ke	/ Employees (list eac	h one even if not com	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee (e	ctions for Part IV)
Par	t IV  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	y Employees (list eac O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee (e	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list eac O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e	ctions for Part IV)
Suni Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ta DeSouza,	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	ctions for Part IV)  Estimated amount of other compensation
Suni Pres Susi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	ctions for Part IV)  Estimated amount of other compensation
Suni Pres Susi Co-F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan	(b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV	ee (e)	ctions for Part IV)  Stimated amount of other compensation
Suni Pres Susi Co-F Max	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan President	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV	ee (e)	ctions for Part IV)  Stimated amount of other compensation
Suni Pres Susi Co-F Max	Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan President Haggblom	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (e)	ctions for Part IV)  Stimated amount of other compensation  0
Suni Pres Susi Co-F Max	Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan President Haggblom	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (e)	ctions for Part IV)  Stimated amount of other compensation  0
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Suni Pres Susi Co-F Max	Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan President Haggblom	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (e)	ctions for Part IV)  Setimated amount of other compensation  0
Suni Pres Susi Co-F Max	Check if the organization used Schedule  (a) Name and title  ta DeSouza, ident e Dylan President Haggblom	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (e)	ctions for Part IV)  Stimated amount of other compensation  0

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	 No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ		
ь	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	20-		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>✓</b>
ь 39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			Ì
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>✓</b>
41	List the states with which a copy of this return is filed ▶			
42a		17-82		
h	Located at ► PO Box 573, New York NY ZIP + 4 ►	10014		,
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country. ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		- 50	<u> </u>
	completed instead of Form 990-EZ	44a	-	<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O		ļ	ļ.,
45-	explanation in Schedule O	44d		1
45a 45h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>-</b>
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
		700		

Pa	an	4

Form **990-EZ** (2013)

	•						Yes	NO	
46.	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities or	behalf of or i	n oppositio	n 📜		- Tre	
	to candidates for public office? If "Yes," of		, Part I			46		_✓	
Part V	All section 501(c)(3) organization 50 and 51.	is must answer que			plete the	tables fo	or line	s _	
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI	· · · ·				
	Did the organization engage in lobbying				iring the ta	ax 🗀	Yes	No	
	year? If "Yes," complete Schedule C, Par					47		<b>√</b>	
		s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," was the related organization a se					49a 1		<del>-</del>	
	Complete this table for the organization's five highest compensated employees (other than officers, directors, true								
	employees) who each received more than	n \$100,000 of compe	nsation from the orga	nization. If the	re is none,	enter "N	one."		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, ar compens	employee ( d deferred	e) Estimate other com			
None									
							-		
						=			
	<del></del>		L	<u> </u>					
	Total number of other employees paid ov Complete this table for the organization		. ►ensated independent	contractors	who each i	received	more	thar	
51	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	oomi dotoro					
	(a) Name and business address of each indepen-	dent contractor	(b) Type of ser	vice	(c) C	ompensatio	on		
None			1						
			1						
		<del></del>							
		·····	_						
-					· · · · · · · · ·				
			1						
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>					
	Did the organization complete Schedule			s and 4947(a)(	1)				
	nonexempt charitable trusts must attach		····		<u> </u>	✓ Yes			
Under pe true, corr	enalties of perjury, I declare that I have examined this rect, and complete Declaration of pre-arer (other na	return, including accompar n officer) is based on all info	lying schedules and statem ormation of which preparer	ents, and to the b has any knowledg	est of my kno je	wledge and	belief, i	t IS	
	1 Mallo	16							
Sign	Signature of officer			Date	11/11/	le le			
Here	Max Haggblom, Treasurer Type or print name and title				1/4/1	<u> </u>			
	Print/Type preparer's name	Preparer's signature	l D	ate	<u> </u>	, PTIN			
Paid		. 3	-		Check 🔲 i	f			
Prepa Use C				Fırm's	EIN ▶				
	Firm's address ▶ Phone no								
May th	e IRS discuss this return with the prepare	r shown above? See	instructions		•	Yes		o	

## SCHEDULE A (Form 990 of 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer i	dentificatio	n number		
	wich Village Orche		· · · · · · / · / · · · · ·			1 - 1	- 41-1-	4 \ 0		349320		
Par			rity Status (All orga ition because it is: (Fo						instruction	ons.	<del> </del>	
1 2	A church, con	vention of churc ribed in <b>section</b>	hes, or association of 170(b)(1)(A)(ii). (Attac	churches ch Sched	s describe ule E.)	ed in <b>sec</b>	tion 170	(b)(1)(A)(	i).			
4	A medical rese hospital's nam	earch organizatione, city, and state		ction with	n a hospit	al descri	bed in <b>se</b>	ction 17				
5		on operated for ()(1)(A)(iv). (Com	the benefit of a colle plete Part II)	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit d	escribed	ın
	An organization	n that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of					nıt or fror	n the gei	neral pub	olic
8	A community t	trust described i	n <b>section 170(b)(1)(A</b> )	<b>)(vi).</b> (Cor	mplete Pa	art II )						
9												
10	☐ An organizatio	n organized and	l operated exclusively	to test fo	or public s	safety. S	ee <b>sectio</b>	n 509(a)	(4).			
11	purposes of o	ne or more pub	nd operated exclusive blicly supported orgar describes the type of	nizations	describe	d in sect	tion 509(a	a)(1) or s	ection 50	9(a)(2). S		
е		ndation manage	Il c Type II that the organization ers and other than one	is not co	ntrolled o	lirectly o	r indirectl	y by one		dısqualifi	ed perso	ns
f		ation received a check this box	a written determination	on from	the IRS t	that it is	а Туре 	I, Type	II, or Typ	oe III sup 	-	
g	Since August	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	on from a	iny of the	е			
	following pers											
			ndirectly controls, eithody of the supported of					describe	ed in (ii) a 	nd 11g(i)	Yes N	0
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(ıı		
		•	a person described in							11g(iıı		
h	Provide the fo	llowing informat	on about the support					1				
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (ı) lı	organization sted in your document?	the orga	you notify nization in of your port?	organiza (i) organ	Is the ition in col ized in the S?	1	nt of monet upport	ary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)	***									ļ		
(D)												
(E)												
										1		

00/1000							ı age z
Part	Support Schedule for Organiza	itions Desci	ibed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			ļ., <u>.</u> ,_			
	on B. Total Support						<del></del>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	· · · ·				-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•		or fifth tax v	12 ear as a section	n 501(c)(3)
	organization, check this box and stop her						▶ □
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·		* '	
14	Public support percentage for 2013 (line 6			11, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹		heck this
b	331/3% support test—2012. If the organ check this box and stop here. The organi					e 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circi	and-circumsta imstances" tes	inces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here</b> . [	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check th he organizatio	nis box and <b>st</b> in qualifies as a	op here. a publicly
40	supported organization	ا با ما ساسا					. ▶ □
18	<b>Private foundation.</b> If the organization distructions						

## Part III , Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	didei the tee	to noted boil	m, picace co	mpioto i di ci	•-7	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	ł					
	received (Do not include any "unusual grants.")	32,727	27,320	39,544	28,537	21,699	149,827
2	Gross receipts from admissions, merchandise	05/121					
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	12,092	12,013	15,880	7,915	13,049	60,949
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	ol	0	o	0	0
4	Tax revenues levied for the						
7	organization's benefit and either paid						
		_	_		اء		
	To the state of th	0	0	0	0	0	0
5	The value of services or facilities	i					
	furnished by a governmental unit to the						
	organization without charge	0	o	o	ol	0	0
6	Total. Add lines 1 through 5	44,819	39,333	54,424	36,452	34,748	210,776
7a	Amounts included on lines 1, 2, and 3	44,013	33,333	34,424	50,402	31,713	210,110
1 a	received from disqualified persons .				4 050	5 005	20.050
	received from disqualified persons .	7,900	5,900	20,300	1,950	5,805	36,050
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	اه	ol	10,000	o	10,000
_	Add lines 7a and 7b	7,900	5,900	20,300	11,950	5,805	51,855
8	Public support (Subtract line 7c from	7,300	3,300	20,300	11,550	3,003	31,033
0			1				450.004
	line 6.)						158,921
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	44,819	39,333	54,424	36,452	34,748	209,776
10a	Gross income from interest, dividends,		0		-		
	payments received on securities loans, rents,					ļ	
	royalties and income from similar sources .	4.5	20	72	75	55	286
_	- '	45	39	12	/3	- 55	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975		0	0	0	0	0
С	Add lines 10a and 10b	45	39	72	75	55	286
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						i
	or not the business is regularly carried on						0
	3 ,	0	0	0	0	0	0
12	Other income. Do not include gain or			-			
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	44,864	39,372	55,496	36,527	34,748	210,062
14	First five years. If the Form 990 is for the						
14	organization, check this box and stop he						··· •• · (•,(•)
				<u> </u>	<u> </u>	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8					15	75 %
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16	75 <u>%</u>
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2013 (			y line 13, colur	nn (f))	17	01%
18	Investment income percentage from 2012					18	02 %
_	331/3% support tests—2013. If the organ	zation did not	check the box	con line 14 ai	nd line 15 is m		
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz	zation did not ci	neck a box on	ine 14 or line	iya, and line 16	o is more than a	00.73%, and
	line 18 is not more than 331/3%, check this						
	Director formulation of the presentation of	ا م باممطم فمم ام	hay an line 11	10a or 10b a	shook this how	and coo inctri	ctions - 🗀

Schedule A (r	om 990 or 990-E2) 2013 Page 4	4
	• Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number Greenwich Village Orchestra 13-3349320 Part I 8, Other revenue program advertisement, interest on savings account Part I 16, Other expenses music and equipment rental, license fees, insurance, supplies Part II 24, Other assets musical instruments, music stands, chairs