Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/31/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

10 LINCOLN CENTER PLAZA
NEW YORK, NY 10023

2b Employer Identification Number (EIN) 13-1664054

2c Plan Sponsor's telephone number 212-875-5727

2d Business code (see instructions) 711100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2026	ERIC WAYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	124
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	16
b	Retired or separated participants receiving benefits	**6b**	49
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	117
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	124
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....……..…. ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-1664054

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	**2a**	17995899
b Actuarial value	**2b**	17143416

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	56	12053839	12053839
b For terminated vested participants	52	4892977	4892977
c For active participants	16	3207306	3207306
d Total	124	20154122	20154122

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	181000
c Target normal cost	**6c**	181000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 06/03/2026

ROBERT H. DANESH — Type or print name of actuary

Most recent enrollment number: 26-06374

HARPER DANESH LLC — Firm name

Telephone number (including area code): 585-319-4218

399 ALEXANDER STREET
NEW YORK, NY 14607

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.66 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		690
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27 %		36
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		726
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.06 %
15	Adjusted funding target attainment percentage	15	84.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/14/2024	113000	0			
06/15/2025	113000	0			
06/15/2025	113000	0			
09/15/2025	113000	0			
05/15/2026	75000	0			
			Totals ► 18(b)	527000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	505400

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.84 %	5.24 %	5.59 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	181000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3010706	322206
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	503206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	503206
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	505400

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	2194
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-1664054

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARPER DANESH, LLC

399 ALEXANDER STREET
NEW YORK, NY 14607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	56872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CAMBRIDGE ASSOCIATES, LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	31687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ARMANINO LLP

33-2514127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21895	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 19	NONE	11910	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-1664054

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	213000	188000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	759	121191
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17786771	17998952
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18000530	18308143
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	29624	35420
i Acquisition indebtedness	1i		
j Other liabilities	1j	25336	100000
k Total liabilities (add all amounts in lines 1g through1j)	1k	54960	135420
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17945570	18172723

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	527000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		527000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	528841	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		528841
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		556854
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1612695
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1165589	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1165589
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21895	
(5) Investment advisory and investment management fees	2i(5)	31687	
(6) Bank or trust company trustee/custodial fees	2i(6)	11910	
(7) Actuarial fees	2i(7)	56872	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	97589	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		219953
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1385542
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		227153
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ARMANINO LLP **(2)** EIN: 33-2514127

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 569316.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-1664054

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-7073422 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.

Financial Statements
and Supplemental Schedules

August 31, 2025 and 2024

armanino

TABLE OF CONTENTS

	Page No.
Independent Auditor's Report	1 - 4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 16
Supplemental Schedules	
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)	18
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions	19

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Pension Plan for Office Employees of the Philharmonic
Symphony Society of New York, Inc.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the accompanying financial statements of Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of August 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audits of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.'s ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of August 31, 2025, and of reportable transactions for the year ended August 31, 2025, (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Amanino LLP

Dallas, Texas

June 12, 2026

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 17,998,952	$ 17,786,771
Receivables		
Interest and dividends receivable	121,191	759
Employer contributions	188,000	213,000
Total receivables	309,191	213,759
Total assets	18,308,143	18,000,530
LIABILITIES		
Administrative expenses payable	35,420	54,960
Due to broker for securities purchased	100,000	-
Total liabilities	135,420	54,960
Net assets available for benefits	$ 18,172,723	$ 17,945,570

The accompanying notes are an integral part of these financial statements.

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
Statements of Changes in Net Assets Available for Benefits
For the Years Ended August 31, 2025 and 2024

	2025	2024
Additions to net assets		
Employer contributions	$ 527,000	$ 474,000
Investment income		
Net appreciation in fair value of investments	556,854	1,680,496
Interest and dividends	528,841	504,130
Total investment income	1,085,695	2,184,626
Total additions to net assets	1,612,695	2,658,626
Deductions from net assets		
Benefits paid to participants	1,165,589	1,177,228
Administrative expenses	219,953	213,928
Total deductions from net assets	1,385,542	1,391,156
Net increase in net assets available for benefits	227,153	1,267,470
Net assets available for benefits, beginning of year	17,945,570	16,678,100
Net assets available for benefits, end of year	$ 18,172,723	$ 17,945,570

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc. (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was adopted by the Philharmonic-Symphony Society of New York (the "Society", "Plan Sponsor", or "Employer") effective July 31, 1944, and restated effective September 1, 2000. The Plan is a noncontributory defined benefit pension plan and trust sponsored by the Society. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and is insured by the Pension Benefit Guaranty Corporation (PBGC).

Plan administration

The Society is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Society has delegated certain responsibilities for the operation and administration of the Plan. Bank of New York Mellon ("BNYM" or the "Trustee") is the custodian of the Plan's assets and serves as the directed trustee for the Plan. Harper Danesh LLC is the Plan's actuary and performs actuarial valuations for the Plan and Plan Sponsor. The Society's Board directs BNYM in all matters related to the preservation, investment, reinvestment, management, and disposition of the Plan's trust.

Eligibility

Effective October 1, 2017, eligibility was frozen and no new participants were allowed to enter the Plan and effective December 31, 2017, benefit accruals were suspended. Prior to October 1, 2017, an employee of the Society was considered any person employed by the Society on a regular basis, excluding an Orchestra employee, a person employed primarily as a music director, conductor, assistant musical director or associate or assistant conductor or primarily in a similar capacity, a leased employee or a temporary hourly paid employee. Prior to October 1, 2017, employees generally became eligible to participate in the Plan on the first day of October following the date on which they commenced employment, provided they were (i) at least age 21 at the date of hire and (ii) regular or temporary employees who work at least 1,000 hours in a Plan year.

Contributions

The Society makes contributions to the Plan sufficient to provide assets with which to pay pension benefits to Plan participants and Plan expenses. The Plan's funding policy is to contribute annually to the Plan an amount at least equal to the minimum required for a qualified retirement plan, as determined by the Plan's actuary. The Plan has met the minimum funding requirements of the Internal Revenue Code (IRC) and of ERISA. Effective January 1, 2018, the Plan ceased allowing participant contributions into the Plan.

1. DESCRIPTION OF THE PLAN (continued)

Plan benefits

Retirement benefit payments generally commence on the September 30th nearest to the participant's 65th birthday. The Plan also provides for disability and death benefits. The normal retirement age is 65; however, a participant may retire with an early pension benefit at the date which the participant reaches age 55 and completes 5 years of continuous service. If early retirement is elected, the benefit is reduced to reflect the longer period of time in which benefits will be paid.

The Plan's assets include amounts contributed by participants under the Plan's provisions before January 1, 2018, which are subject to refund, with accumulated interest thereon, upon termination of employment or death prior to retirement where no death benefit is payable to the participant's spouse. In addition, if a participant dies after retirement and no benefit continues to the participant's spouse or beneficiary, the amount contributed by the participant, in excess of benefits received, with accumulated interest thereon, is refunded to the participant's beneficiary.

The annual benefit for a participant is equal to 1.7% of the participant's average final three years' compensation limited pursuant to IRC Section 401(a)(17), multiplied by the participant's years of credited service not in excess of 35 years. In conjunction with the benefit accrual freeze, credited service will not include continuous service after December 31, 2017, and compensation earned after December 31, 2017, will not be included in considering average final compensation.

If participants become disabled before retirement, they may be eligible for disability benefits if they are at least age 45 and have completed at least 15 years of continuous service as participants. The disability benefit will be equal to the greater of the full amount calculated under the Plan formula as of the date of the disability or $1,200 a year. If a participant dies prior to retirement, the Plan provides survivor benefits based on age, period of service, and marital status.

Effective January 1, 2023, the Plan was amended for the purpose of allowing a one-time election for an immediate distribution for participants who, as of March 1, 2023, are (i) not employed by the Society, and (ii) are eligible for a deferred vested retirement benefits, but (iii) have not yet commenced distribution of their deferred vested retirement benefits.

Administrative expenses

Administrative expenses, including professional fees, which are not paid by the Plan Sponsor are paid by the Plan. Insurance premiums of $97,588 and $93,500 were paid to the PBGC for the years ended August 31, 2025 and 2024, respectively, by the Plan and are reflected as part of administrative expenses on the statements of changes in net assets available for benefits. Custodial fees were paid to BNYM for the years ended August 31, 2025 and 2024, in the amount of $11,910 and $11,422, respectively. Actuarial fees were paid to Harper Danesh LLC for the years ended August 31, 2025 and 2024, in the amount of $56,872 and $51,777, respectively.

1. DESCRIPTION OF THE PLAN (continued)

Vesting

Prior to October 1, 2017, participants became fully vested in their accumulated plan benefits after five years of service. Participants are fully vested in their contributions, made prior to January 1, 2018.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, obligations and changes therein, as well as disclosure of contingent liabilities at the date of the financial statements, and amounts of additions and deductions to net assets during the reporting period. Actual results may differ from those estimates.

Significant estimates include the determination of the actuarial present value of accumulated plan benefits, which is based on assumptions such as discount rates and mortality rates, and the fair value of investments. These estimates are based on management's and the Plan's actuary's best judgments.

Investments are primarily in mutual funds, which are valued at the net asset value of shares held by the Plan at year-end based on quoted market prices in active markets (Level 1 inputs). Accordingly, the determination of fair value for these investments does not require significant judgment or estimation. However, the reported fair values are subject to market fluctuations, and changes in market conditions which may result in material differences in the fair value of these investments.

Risks and uncertainties

The Plan invests in various investment securities that are exposed to risks such as interest rate risk, market fluctuations, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect net assets available for benefits and changes therein.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties (continued)

Plan contributions are made, and the actuarial present value of accumulated plan benefits reported are based upon certain assumptions including discount rates, mortality rates, retirement patterns, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates in the near term would be material to the financial statements.

Investment valuation and income recognition

The Plan presents in the statements of changes in net assets available for benefits the net depreciation or appreciation in fair value of investments which consist of realized losses and gains and changes in the unrealized depreciation or appreciation on those investments. Interest income is recorded as earned on an accrual basis, and dividend income is recorded on the ex-dividend date.

The Plan's investments in mutual funds are stated at fair value as determined by the quoted market price which represent the net asset value (NAV) of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade date basis.

Contributions and contributions receivable

Contributions are recorded on the accrual method of accounting in accordance with U.S. GAAP. Employer contributions receivable are amounts due from the Society under its funding policy that have not been included in the Plan's assets at the Plan's year end (see Note 5).

The Plan evaluates contributions receivable for expected credit losses in accordance with Accounting Standards Codification (ASC) Topic 326, Financial Instruments—Credit Losses, using a current expected credit loss (CECL) model. The estimate of expected credit losses is based on historical collection experience, current conditions, and reasonable and supportable forecasts regarding future economic conditions.

Given the nature of the Plan Sponsor and the history of timely contributions, management has determined that the expected credit losses associated with contributions receivable are not material as of the financial statement date. If conditions were to change, including the Plan Sponsor’s financial condition or ability to meet its funding obligations, such changes could result in the recognition of an allowance for expected credit losses in future periods.

Payment of benefits

Benefits paid to participants are recorded as a reduction to net assets available for benefits when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative expenses

Administrative expenses are recorded when incurred.

Due to broker for securities purchased

Due to broker for securities purchased are obligations arising from amounts owed to the Trustee from the Plan for unsettled trades that have not been excluded from the Plan's investments at year end.

Subsequent events

Management of the Plan has evaluated subsequent events through June 12, 2026, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

The plan administrator, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, as permitted under such election, the Plan administrator has instructed the Plan's independent auditors not to perform any auditing procedures with respect to certain information certified by the Trustee (Note 1), except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedules. The Trustee has certified to the completeness and accuracy of the following information as of August 31, 2025 and 2024, and for the years then ended.

- Investments recorded at fair value as shown in the accompanying statements of net assets available for benefits as of August 31, 2025 and 2024, and in the schedule of assets (held at end of year) as of August 31, 2025.
- Net appreciation in fair value of investments and interest and dividends as shown in the accompanying statements of changes in net assets available for benefits for the years ended August 31, 2025 and 2024, and investment transactions shown in the schedule of reportable transactions for the year ended August 31, 2025.

4. FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are as follows:

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

- *Level 2* - Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- *Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2025 and 2024.

Mutual funds are valued at the NAV of shares held by the Plan at year-end which are quoted in an active market and are classified as Level 1 within of the fair value hierarchy.

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by investment type, within the fair value hierarchy, the Plan's investments at fair value as of August 31, 2025:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds	$ 17,998,952	$ -	$ -	$ 17,998,952

The following table sets forth by investment type, within the fair value hierarchy, the Plan's investments at fair value as of August 31, 2024:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds	$ 17,786,771	$ -	$ -	$ 17,786,771

5. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Society. The Society's funding policy is to make cash contributions to the Plan to meet minimum funding requirements, as determined by the Plan's independent actuary, under the plan document. For the years ended August 31, 2025 and 2024, the Employer contributions to the Plan were $527,000 and $474,000 which met or exceeded the minimum funding requirements of ERISA.

The American Rescue Plan Act (ARPA) was signed in to law as of March 11, 2021. Among other provisions, the statute contains funding relief for single employer defined benefit plans, amending IRC section 430 by (1) extending the period for amortizing unfunded liability from 7 years to 15 years and (2) extending prior law interest rate relief (i.e., determining the discount rate used to calculate a plan's liability by averaging interest rates over a 25-year period), which was due to start phasing out in 2021, through to 2030. The provisions related to funding relief are effective for purposes of calculating the minimum required contributions that an employer must make to a plan and for calculating the adjusted funding target attainment percentage that is used to determine whether a plan is sufficiently funded to allow lump-sum distributions. The Plan's valuation and minimum required contributions as of August 31, 2025 and 2024, have been calculated utilizing the 15-year amortization provisions of ARPA.

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments which are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired, disabled employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' years of service and the retirement benefit. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, and disability) are included, to the extent they are deemed attributable to the employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions:

Discount rate, for ASC 960 purposes:	7.50%
Mortality rates, for determining present value of accumulated benefits:	Pri-2012 Mortality Table with generational improvements using Scale MP-2021
Normal retirement age:	65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The actuarial present value of accumulated benefits was calculated as of September 1, 2024 for August 31, 2024. Had the valuation been performed as of August 31, 2024, there would be no material differences.

There were no changes to the actuarial assumptions as of September 1, 2024, for the valuation as of August 31, 2024, from those used in the valuation performed as of September 1, 2023, for August 31, 2023. The discount rate and mortality assumptions remained consistent between periods.

Actuarial present value of accumulated plan benefits as of August 31, 2024:

Vested benefits	
Retired participants and beneficiaries currently receiving payments	$ 10,348,399
Terminated vested participants	3,646,373
Active participants	2,623,102
	$ 16,617,874

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

Change in actuarial present value of accumulated plan benefits for the year ended August 31, 2024:

Actuarial present value of accumulated plan benefits, at beginning of year	$ 16,478,376
Increase (decrease) during the year attributable to:	
Benefits paid	(1,177,228)
Interest	1,191,732
Benefits accumulated	124,994
	139,498
Actuarial present value of accumulated plan benefits, end of year	$ 16,617,874

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Society has the right to discontinue contributions and to terminate the Plan subject to provisions set forth in ERISA. If the Plan were to terminate, the rights of participating employees are non-forfeitable with respect to the Plan benefits accrued through the date of such termination. The net assets available for benefits of the Plan will be allocated for payment of benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most normal retirement benefits, early retirement benefits, deferred vested termination benefits, and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and by the PBGC guaranty while other benefits may not be provided for at all. Upon termination of the Plan, benefits are paid in accordance with certain priorities. Benefits will be paid 1) equally among retired participants and their beneficiaries to whom payment commenced at least 3 years prior to the date of termination and to participants who could have retired and received payment of their benefits at least 3 years prior to the date of termination, 2) to all benefits guaranteed and insured by the PBGC, 3) to all other vested accrued benefits not insured by the PBGC, and 4) to all other accrued benefits under the Plan. Any excess funds will revert to the Society.

8. TAX STATUS

The Society has received a determination letter from the Internal Revenue Service (IRS) dated October 20, 2015, in which the IRS stated that the Plan design complies with the applicable requirements of the IRC and is approved for use by the Society. Although the Plan has been amended, Plan management believes the Plan continues to be designed and operated as a qualified plan, therefore, no provision for income taxes has been included in the Plan's financial statements.

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

ERISA defines a party-in-interest similar to a related party under accounting standards, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Party-in-interest transactions are defined by ERISA and include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons. As such, transactions conducted by the Trustee and its affiliates qualify as party-in-interest transactions.

Certain fund level fees charged by the funds in which the Plan invests qualify as party-in-interest transactions. These fees reduce fund earnings thereby impacting Plan revenue. The Society pays certain expenses for the administration of the Plan. The Plan reimburses the Society for expenses paid on its behalf.

As part of the Trustee's compensation, the Trustee retains float interest earned on balances, including without limitation, disbursement balances, and balances arising from purchase and sale transactions.

Fees paid to the Trustee for custodial and investment services are considered party-in-interest transactions under ERISA; however, such transactions are exempt from prohibited transaction rules.

SUPPLEMENTAL SCHEDULES

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
EIN: 13-1664054; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
August 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dreyfus Government Management Institution	Mutual fund	$ 330,153	$ 330,153
	Vanguard Long-Term Treasury Index Fund Admiral	Mutual fund	6,585,231	7,206,737
	Vanguard Intermediate-Term Treasury Index Fund Adm	Mutual fund	1,045,630	1,504,036
	Vanguard Developed Markets Index Fund Admiral	Mutual fund	1,278,054	2,314,480
	Vanguard Emerging Markets Stock Index Fund Admiral	Mutual fund	496,637	851,742
	Vanguard Total Stock Market Index Fund	Mutual fund	2,849,412	5,791,804
				$ 17,998,952

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
EIN: 13-1664054; Plan: 001
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
For The Year Ended August 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard Long-Term Treasury Index Fund Admiral - Series Transactions	Mutual fund	$ 1,318,049	$ -	$ 1,318,049	$ 1,318,049	$ -
Vanguard Intermediate-Term Treasury Index Fund Adm - Series Transactions	Mutual fund	$ 71,008	$ -	$ 71,008	$ 71,008	$ -
Vanguard Intermediate-Term Treasury Index Fund Adm - Series Transactions	Mutual fund	$ -	$ 1,000,000	$ 696,300	$ 1,000,000	$ 303,700
Vanguard Total Stock Market Index Fund - Series Transactions	Mutual fund	$ 551,510	$ -	$ 551,510	$ 551,510	$ -
Vanguard Total Stock Market Index Fund - Series Transactions	Mutual fund	$ -	$ 1,120,000	$ 572,890	$ 1,120,000	$ 547,110
Dreyfus Government Management Institution - Series Transactions	Mutual fund	$ 859,001	$ -	$ 859,001	$ 859,001	$ -
Dreyfus Government Management Institution - Series Transactions	Mutual fund	$ -	$ 701,213	$ 701,213	$ 701,213	$ -

Columns e and f are not applicable

Attachment to 2024 Form 5500 Schedule SB
Plan: Pension Plan for the Office Employees of the New York Philharmonic-Symphony Society of NY, Inc.
EIN/PN: 13-1664054/001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service as of September 1, 2024										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25											0
25 to 29											0
30 to 34				1							1
35 to 39			1	3							4
40 to 44											0
45 to 49					1						1
50 to 54				2		1	1				4
55 to 59				1							1
60 to 64							1				1
65 to 69					1						1
70 & up					1	1	1				3
Total	0	0	1	7	3	2	3	0	0	0	16

Attachment to 2024 Form 5500 Schedule SB
Plan: Pension Plan for the Office Employees of the New York Philharmonic-Symphony Society of NY, Inc.
EIN/PN: 13-1664054/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Discount rate elections	Segment rates with four-month lookback

	ARPA	PPA
1st segment rate	4.84%	4.84%
2nd segment rate	5.24%	5.24%
3rd segment rate	5.59%	5.22%

Mortality elections	2024 PPA combined static annuitant and nonannuitant mortality tables
Salary increases	N/A
SS taxable wage base increases	N/A
Disability	Sample rates:

Age	Rate
45	0.1%
50	0.2
55	0.5
60	1.0

Withdrawal See table of sample rates :

Age	Vested	Non-Vested
25	0.0%	25.0%
30	15.0	22.0
35	13.0	15.0
40	10.0	12.0
45	5.0	10.0

Expenses Estimate of current year's non-investment expenses (rounded to nearest $1,000)

Retirement age

Age	Percent Electing to Retire
55	10.0%
65-69	20.0
70-74	25.0
75	100.0

Percentage married

- Males – 35% (pre-retirement); 60% (at-retirement)
- Females – 50% (pre-retirement); 60% (at-retirement)

Age difference	Pre-retirement: Female spouses are two years younger than male participant; male spouses are five years older than female participant At retirement, employee is two years older than beneficiary		
Form of payment	**Normal/Early Retirement**	**Single**	**Married**
	Life annuity	100%	0%
	50% J&S annuity	N/A	15%
	75% J&S annuity	N/A	15%
	100% J&S annuity	N/A	70%
	Deferred Vested/ Disability Retirement	**Single**	**Married**
	Life annuity	100%	40%
	50% J&S annuity	N/A	30%
	75% J&S annuity	N/A	30%

Asset valuation method

We used financial data submitted by the trustee as of September 1, 2024 without further audit. Customarily, this data would not be verified by a plan's actuary. We have reviewed the information for internal consistency and reasonableness and have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value for each of the immediately preceding two years. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participants included in the valuation

Participant data was supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Only those employees who have met the eligibility requirements of the plan are included in the valuation of liabilities.

No liability is included for nonvested participants who terminate prior to the valuation date. Participants with a break in service on the valuation date are treated as terminated vested participants.

Benefits included or excluded in the valuation

Unless noted below, all benefits provided by the plan are included in the valuation:

- Plan amendments – Amendments adopted after the valuation date are excluded from the valuation.
- Scheduled benefit increases – Scheduled benefit increases (such as cost-of-living increases) effective after the end of the current plan year are excluded from minimum funding requirements.
- Late retirement increases – Accrued benefits are actuarially increased for retirements beginning after normal retirement age.
- Shutdown benefits – We are not aware of any actions that would create shutdown benefits; therefore, they are excluded.
- IRC Section 415(b) – The limitations of IRC Section 415(b) have been incorporated into our calculations.
- Benefit restrictions – Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections

Shortfall Amortizations

- ARPA – the plan sponsor has elected to apply the ARPA shortfall amortization provisions beginning with the 2019 plan year

Funding interest rate

- Segment rates with four-month lookback
- ARPA – The plan sponsor has elected to apply the ARPA interest rates beginning with the 2020 plan year.

Mortality

- PPA combined static table for annuitants and nonannuitants

Asset method

- Average value
- 2-year averaging period
- Annual frequency

Valuation of lump sums based on 417(e) assumptions

- Not applicable

Actuarial cost method

The actuarial cost method used for minimum funding calculations is known as the traditional unit credit method. The objective under this method is to fund each participant's benefits as they are earned under the plan.

A participant's **accrued liability** is the present value of these benefits based on Credited Service and average pay as of the beginning of the plan year. A participant's **normal cost** is the present value of the benefit earned in the current plan year. The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▸ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▸ [ ]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▸ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 07/31/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

10 LINCOLN CENTER PLAZA

NEW YORK NY 10023

2b Employer Identification Number (EIN) 13-1664054

2c Plan Sponsor's telephone number 212-875-5727

2d Business code (see instructions) 711100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		6/12/2	Eric Wayne
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
EIN: 13-1664054; Plan: 001
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
For The Year Ended August 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard Long-Term Treasury Index Fund Admiral - Series Transactions	Mutual fund	$ 1,318,049	$ -	$ 1,318,049	$ 1,318,049	$ -
Vanguard Intermediate-Term Treasury Index Fund Adm - Series Transactions	Mutual fund	$ 71,008	$ -	$ 71,008	$ 71,008	$ -
Vanguard Intermediate-Term Treasury Index Fund Adm - Series Transactions	Mutual fund	$ -	$ 1,000,000	$ 696,300	$ 1,000,000	$ 303,700
Vanguard Total Stock Market Index Fund - Series Transactions	Mutual fund	$ 551,510	$ -	$ 551,510	$ 551,510	$ -
Vanguard Total Stock Market Index Fund - Series Transactions	Mutual fund	$ -	$ 1,120,000	$ 572,890	$ 1,120,000	$ 547,110
Dreyfus Government Management Institution - Series Transactions	Mutual fund	$ 859,001	$ -	$ 859,001	$ 859,001	$ -
Dreyfus Government Management Institution - Series Transactions	Mutual fund	$ -	$ 701,213	$ 701,213	$ 701,213	$ -

Columns e and f are not applicable

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN FOR THE OFFICE EMPLOYEES OF THE NEW YORK PHILHARMONIC SYMPHONY SOCIETY OF NY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-1664054

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2024

2 Assets:

a Market value	2a	17,995,899
b Actuarial value	2b	17,143,416

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	56	12,053,839	12,053,839
b For terminated vested participants	52	4,892,977	4,892,977
c For active participants	16	3,207,306	3,207,306
d Total	124	20,154,122	20,154,122

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.34%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	181,000
c Target normal cost	6c	181,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 6/3/2025

ROBERT H. DANESH — Type or print name of actuary

2606374 — Most recent enrollment number

HARPER DANESH LLC — Firm name

585-319-4218 — Telephone number (including area code)

399 ALEXANDER STREET
NEW YORK NY 14607
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.66 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		690
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27 %		36
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		726
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.06 %
15	Adjusted funding target attainment percentage	15	84.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/15/2024	113,000	0			
03/15/2025	113,000	0			
06/15/2025	113,000	0			
09/15/2025	113,000	0			
05/15/2026	75,000	0			
			Totals ► 18(b)	527,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	505,400

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	181,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,010,706	322,206
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	503,206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	503,206
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	505,400
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	2,194
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Attachment to 2024 Form 5500 Schedule SB
Plan: Pension Plan for the Office Employees of the New York Philharmonic-Symphony Society of NY, Inc.
EIN/PN: 13-1664054/001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement Age	(B) Retirement Rate	(C) Number of Employees Expected to Retire	(D) Weighted Retirement Age = (A) X (C)
55	10.0%	100.0	5,500.0
56	10.0%	90.0	5,040.0
57	10.0%	81.0	4,617.0
58	10.0%	72.9	4,228.2
59	10.0%	65.6	3,871.0
60	10.0%	59.0	3,542.9
61	10.0%	53.1	3,241.8
62	10.0%	47.8	2,965.4
63	10.0%	43.0	2,711.9
64	10.0%	38.7	2,479.5
65	20.0%	69.7	4,532.8
66	20.0%	55.8	3,682.0
67	20.0%	44.6	2,990.3
68	20.0%	35.7	2,427.9
69	20.0%	28.6	1,970.9
70	25.0%	28.6	1,999.5
71	25.0%	21.4	1,521.0
72	25.0%	16.1	1,156.8
73	25.0%	12.1	879.7
74	25.0%	9.0	668.8
75	100.0%	27.1	2,033.5
		1,000.00	62,061.0

Weighted Average Retirement Age 62.1

Attachment to 2024 Form 5500 Schedule SB
Plan: Pension Plan for the Office Employees of the New York Philharmonic-Symphony Society of NY, Inc.
EIN/PN: 13-1664054/001

Schedule SB, Part V – Summary of Plan Provisions

Effective date and plan year	July 31, 1944 effective date; September 1 plan year
Eligibility	Later of October 1 following date of hire or October 1 nearest age 21. Participation was frozen effective October 1, 2017.
Years of Service	One Year of Service for each year of employment. Service was frozen effective December 31, 2017.
Normal retirement	Eligibility – Age 65 Amount of Benefit – 1.7% of average final 3 years' compensation (as of December 31, 2017) multiplied by years of credited service not in excess of 35 years
Normal Form of Annuity	Life annuity if single, 50% joint & survivor annuity if married (100% of benefit is paid for first five years if participant dies)
Early retirement	Eligibility – Age 55 with five years of service or age 62 Amount of Benefit – Actuarially equivalent value of the Normal Retirement benefit. However, if terminate employment on or after age 62, reduction starts from age 62. Otherwise, reduction is from age 65.
Deferred vested benefit	Eligibility – Five years of vesting service or age 62 if earlier • Amount of Benefit – 100% of accrued benefit (reductions are consistent with early or normal retirement)
Disability benefit	Eligibility – Total and permanent disability and attained age 45 and 15 years of service Amount of Benefit – Normal Retirement benefit accrued through disability date (or $1,200/year if greater)
Death benefit	Eligibility – A life annuity is payable to the surviving spouse (if married for at least one year) of • An actively employed participating after completing 5 years of vesting service or attaining age 55 • A terminated participant with a deferred vested benefit Amount of Benefit – Amount payable to the surviving spouse assumes participant survived to earliest retirement date, elected the 50% joint and survivor annuity, and then died. If death occurs while active and after age 60, surviving spouse gets 50% of accrued benefit, reduced by 2% for each full year in excess of 7 that the spouse is younger than the participant.

Pension Plan for Office Employees of the Philharmonic Symphony Society of New York, Inc.
EIN: 13-1664054; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
August 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dreyfus Government Management Institution	Mutual fund	$ 330,153	$ 330,153
	Vanguard Long-Term Treasury Index Fund Admiral	Mutual fund	6,585,231	7,206,737
	Vanguard Intermediate-Term Treasury Index Fund Adm	Mutual fund	1,045,630	1,504,036
	Vanguard Developed Markets Index Fund Admiral	Mutual fund	1,278,054	2,314,480
	Vanguard Emerging Markets Stock Index Fund Admiral	Mutual fund	496,637	851,742
	Vanguard Total Stock Market Index Fund	Mutual fund	2,849,412	5,791,804
				$ 17,998,952

Attachment to 2024 Form 5500 Schedule SB
Plan: Pension Plan for the Office Employees of the New York Philharmonic-Symphony Society of NY, Inc.
EIN/PN: 13-1664054/001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type	Present value of remaining installments	Date established	Years remaining	Amortization
Shortfall	$ 1,682,708	9/1/2019	10	$208,634
Shortfall	(557,966)	9/1/2020	11	$(64,390)
Shortfall	(714,688)	9/1/2021	12	$(77,384)
Shortfall	967,150	9/1/2022	13	$98,917
Shortfall	1,115,634	9/1/2023	14	$108,395
Shortfall	517,868	9/1/2024	15	$48,034
	$3,010,706			$274,172