Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2015**

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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01 **, 2015, and ending** 06/30, **20** 16

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
500 17TH STREET

City or town, state or province, country, and ZIP or foreign postal code
MIAMI BEACH, FL 33139

D Employer identification number 59-2809056

E Telephone number (305) 428-6700

G Gross receipts $ 14,419,908.

F Name and address of principal officer: DAVID PHILLIPS
500 17TH STREET MIAMI BEACH, FL 33139

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

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

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

J Website: ▶ WWW.NWS.EDU

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1987 | **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES OF PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	35.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33.
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0.
6	Total number of volunteers (estimate if necessary)	6	83.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-822,123.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-822,123.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,791,967.	9,663,183.
	9	Program service revenue (Part VIII, line 2g)	1,843,618.	1,889,336.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,284,598.	190,253.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,025,788.	-1,084,918.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,894,395.	10,657,854.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,515,552.	1,534,801.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,423,485.	1,653,512.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,583,140.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,885,704.	16,401,749.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,824,741.	19,590,062.
	19	Revenue less expenses. Subtract line 18 from line 12	-8,930,346.	-8,932,208.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	266,030,161.	252,589,599.
	21	Total liabilities (Part X, line 26)	23,269,421.	23,026,805.
	22	Net assets or fund balances. Subtract line 21 from line 20	242,760,740.	229,562,794.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date 11/21/2016

▶ DAVID PHILLIPS VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD BUTLER				P00541422

Firm's name ▶MARCUM, LLP | Firm's EIN ▶ 11-1986323

Firm's address ▶ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131 | Phone no. 305-995-9600

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . [X] **Yes** [ ] **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . [ ] **Yes** [X] **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,608,740. including grants of $ 1,534,801.) (Revenue $ 1,889,336.)

ATTACHMENT 2

4b (Code:) (Expenses $ 6,458,541. including grants of $) (Revenue $)

ATTACHMENT 3

4c (Code:) (Expenses $ 150,199. including grants of $) (Revenue $)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5

(Expenses $ 1,802,383. including grants of $) (Revenue $)

4e Total program service expenses ▶ 15,019,863.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	164		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a 35. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL,NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139 305-428-6751

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROSE ELLEN GREENE TRUSTEE	5.00 0.	X						0.	0.	0.
(2) EDWARD MANNO SHUMSKY CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(3) MARIO DE ARMAS VC/TREASURER/CHAIR OF FIN COMM	1.00 0.	X		X				0.	0.	0.
(4) ROBERT MOSS SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) SARI AGATSTON TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JEFFREY AKIN TRUSTEE	1.00 0.	X						0.	0.	0.
(7) SHELDON T ANDERSON TRUSTEE	1.00 0.	X						0.	0.	0.
(8) MADELEINE ARISON TRUSTEE	1.00 0.	X						0.	0.	0.
(9) SARAH S ARISON TRUSTEE	1.00 0.	X						0.	0.	0.
(10) MATTHEW W BUTTRICK TRUSTEE	1.00 0.	X						0.	0.	0.
(11) TANYA CAPRILES DE BRILLEMBOURG TRUSTEE	1.00 0.	X						0.	0.	0.
(12) ADAM CARLIN VC/CHAIR OF DEVELOPMENT COMM	1.00 0.	X		X				0.	0.	0.
(13) BRUCE E CLINTON CHAIR OF FACILITIES COMMITTEE	1.00 0.	X						0.	0.	0.
(14) EDWARD J. CRAWFORD IV TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) PETER J DOLARA TRUSTEE	1.00 0.	X						0.	0.	0.
(16) HOWARD FRANK TRUSTEE	1.00 0.	X						0.	0.	0.
(17) JOHN J GERAGHTY TRUSTEE	1.00 0.	X						0.	0.	0.
(18) HARRY M HERSH TRUSTEE	1.00 0.	X						0.	0.	0.
(19) NEISEN KASDIN TRUSTEE	1.00 0.	X						0.	0.	0.
(20) GERALD KATCHER TRUSTEE	1.00 0.	X						0.	0.	0.
(21) RICHARD KOHAN TRUSTEE	1.00 0.	X						0.	0.	0.
(22) ENRIQUE LERNER RAIS TRUSTEE	1.00 0.	X						0.	0.	0.
(23) ALAN LIEBERMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(24) ALBERT R MOLINA, JR TRUSTEE	1.00 0.	X						0.	0.	0.
(25) WILLIAM L MORRISON TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								1,598,528.	0.	54,984.
d Total (add lines 1b and 1c) ▶								1,598,528.	0.	54,984.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 11

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) L. MICHAEL ORLOVE TRUSTEE	1.00 0.	X						0.	0.	0.
(27) PATRICIA M PAPPER TRUSTEE	1.00 0.	X						0.	0.	0.
(28) JEFFREY T ROBERTS CHAIR OF INVESTMENT COMMITTEE	1.00 0.	X						0.	0.	0.
(29) RICHARD T SANZ TRUSTEE	1.00 0.	X						0.	0.	0.
(30) DIANE S SEPLER TRUSTEE	1.00 0.	X						0.	0.	0.
(31) RICHARD J WURTMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(32) MATT HAGGMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(33) WILLIAM KLEH TRUSTEE	1.00 0.	X						0.	0.	0.
(34) IRA M. BIRNS TRUSTEE	1.00 0.	X						0.	0.	0.
(35) STEPHEN L. OWENS TRUSTEE	1.00 0.	X						0.	0.	0.
(36) HOWARD HERRING PRESIDENT/CEO	60.00 0.				X			240,930.	0.	8,202.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(37) DAVID PHILLIPS E VP & CFO	60.00 0.				X			233,029.	0.	9,028.
(38) DOUGLAS MERILATT E VP ARTISTIC PLANNING/PROG	60.00 0.				X			187,626.	0.	7,268.
(39) JOHN KIESER EVP	60.00 0.				X			229,995.	0.	7,994.
(40) TODD HEUSTESS A VP DEVELOPMENT	60.00 0.					X		110,713.	0.	4,184.
(41) PAUL WOEHRLE VP DEVELOPMENT	60.00 0.					X		145,256.	0.	5,472.
(42) MAUREEN O'BRIEN SVP	60.00 0.					X		110,432.	0.	2,502.
(43) WILLIAM C. HALL VP	60.00 0.					X		118,675.	0.	2,040.
(44) MICHELLE KUCHARCZYK VP	60.00 0.					X		112,534.	0.	4,203.
(45) JOSE LAMADRID VP	60.00 0.					X		109,338.	0.	4,091.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,549,720.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,768,190.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,345,273.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			9,663,183.			
Program Service Revenue			Business Code					
	2a	CONCERT REVENUES	711110		1,548,584.	1,548,584.		
	b	TOUR FEES	611600		202,058.	202,058.		
	c	APPLICATION FEES	611600		51,340.	51,340.		
	d	BOX OFFICE POSTAGE AND HANDLING	561000		30,594.	30,594.		
	e	NEW WORLD CENTER TOURS	711110		8,160.	8,160.		
	f	All other program service revenue			48,600.	48,600.		
	g	**Total.** Add lines 2a-2f ▶			1,889,336.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 7 ▶			740,568.			740,568.
	4	Income from investment of tax-exempt bond proceeds ▶			0.			
	5	Royalties ▶			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	1,430,020.					
	b	Less: rental expenses	2,252,143.					
	c	Rental income or (loss)	-822,123.					
	d	Net rental income or (loss) ▶			-822,123.		-822,123.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			493,920.					
	b	Less: cost or other basis and sales expenses	1,044,235.					
	c	Gain or (loss)	-550,315.					
	d	Net gain or (loss) ▶			-550,315.			-550,315.
	8a	Gross income from fundraising events (not including $ 1,549,720. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 8 165,490.				
	b	Less: direct expenses	b	465,676.				
	c	Net income or (loss) from fundraising events ATCH 9 ▶			-300,186.			1,249,535.
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶			0.			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶			0.			
		Miscellaneous Revenue	Business Code					
	11a	OTHER REVENUE			37,391.	37,391.		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			37,391.			
	12	**Total revenue.** See instructions. ▶			10,657,854.	1,926,727.	-822,123.	1,439,788.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,534,801.	1,534,801.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,653,512.	687,725.	383,470.	582,317.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	39,569.	8,857.	30,712.	
c Accounting	72,215.	19,715.	52,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	225,804.	225,804.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	511,669.			511,669.
13 Office expenses	132,874.		132,874.	
14 Information technology	212,128.	212,128.		
15 Royalties	117,337.	117,337.		
16 Occupancy	1,782,975.	1,782,975.		
17 Travel	246,677.	212,898.	17,992.	15,787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	18,155.	14,500.	3,655.	
20 Interest	214,116.		214,116.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,712,238.	4,712,238.		
23 Insurance	40,766.	20,048.	20,718.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEASED EMPLOYEES	4,873,655.	2,622,808.	921,734.	1,329,113.
b CONDUCTORS/SOLOIST/COACHES	1,135,711.	1,135,711.		
c ARTISTIC PROGRAMMING GENERAL	1,282,408.	1,282,408.		
d OTHER FELLOW COST	120,968.	120,968.		
e All other expenses	662,484.	308,942.	209,288.	144,254.
25 **Total functional expenses.** Add lines 1 through 24e	19,590,062.	15,019,863.	1,987,059.	2,583,140.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year	Line	(B) End of year
Assets	1	Cash - non-interest-bearing			10,499.	1	1,381.
	2	Savings and temporary cash investments			73,466.	2	144,627.
	3	Pledges and grants receivable, net			4,030,354.	3	3,492,841.
	4	Accounts receivable, net			114,294.	4	85,644.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			0.	6	0.
	7	Notes and loans receivable, net			0.	7	0.
	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges ATCH 10			755,063.	9	810,281.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	189,589,045.			
	b	Less: accumulated depreciation	10b	32,730,133.	161,999,403.	10c	156,858,912.
	11	Investments - publicly traded securities ATCH 11			80,021,806.	11	72,247,583.
	12	Investments - other securities. See Part IV, line 11			18,920,890.	12	18,022,303.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			104,386.	14	102,248.
	15	Other assets. See Part IV, line 11			0.	15	823,779.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			266,030,161.	16	252,589,599.
Liabilities	17	Accounts payable and accrued expenses			1,172,178.	17	961,137.
	18	Grants payable			0.	18	0.
	19	Deferred revenue ATCH 12			853,243.	19	879,668.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties ATCH 13			21,244,000.	23	21,186,000.
	24	Unsecured notes and loans payable to unrelated third parties			0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25			23,269,421.	26	23,026,805.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			139,104,774.	27	134,100,972.
	28	Temporarily restricted net assets			22,812,962.	28	14,074,182.
	29	Permanently restricted net assets			80,843,004.	29	81,387,640.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			242,760,740.	33	229,562,794.
	34	Total liabilities and net assets/fund balances			266,030,161.	34	252,589,599.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,657,854.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,590,062.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,932,208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,760,740.
5	Net unrealized gains (losses) on investments	5	-4,265,738.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	229,562,794.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a [ ] **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** 2015	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,522,904.	12,083,478.	13,639,400.	9,791,964.	8,113,463.	56,151,209.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	12,522,904.	12,083,478.	13,639,400.	9,791,964.	8,113,463.	56,151,209.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4.						56,151,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** 2015	**(f)** Total
7 Amounts from line 4	12,522,904.	12,083,478.	13,639,400.	9,791,964.	8,113,463.	56,151,209.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,210,217.	1,076,087.	1,374,493.	1,449,919.	740,568.	5,851,284.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-483,341.	-818,339.	-923,121.	-950,271.	-822,123.	-3,997,195.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	178,992.	211,632.	274,261.	429,481.	202,881.	1,297,247.
11 **Total support.** Add lines 7 through 10						59,302,545.

12 Gross receipts from related activities, etc. (see instructions) **12** 7,472,712.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 94.69 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 **15** 89.79 %

16a **33 1/3 % support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):*

a ☐ The organization satisfied the Activities Test. *Complete **line 2** below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete **line 3** below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
FUNDRAISING	178,992.	211,632.	221,126.	261,755.	165,490.	1,038,995.
OTHER INCOME			53,135.	167,726.	37,391.	258,252.
TOTALS	178,992.	211,632.	274,261.	429,481.	202,881.	1,297,247.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number: 59-2809056

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____

4 Number of states where property subject to conservation easement is located ▶ ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ____

(ii) Assets included in Form 990, Part X ▶ $ 400,000.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ____

b Assets included in Form 990, Part X ▶ $ ____

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

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

a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other ____________

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,341,150.	105,759,179.	92,712,576.	85,374,530.	87,784,498.
b Contributions	544,636.	234,297.	1,711,562.	665,097.	945,322.
c Net investment earnings, gains, and losses	-4,075,482.	-274,026.	14,079,534.	10,028,970.	-37,649.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,449,475.	4,378,299.	2,744,493.	3,356,021.	3,317,641.
f Administrative expenses					
g End of year balance	93,360,829.	101,341,151.	105,759,179.	92,712,576.	85,374,530.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ 80.0000 %
c Temporarily restricted endowment ▶ 20.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,165,000.		11,165,000.
b Buildings		165,316,015.	21,729,469.	143,586,546.
c Leasehold improvements				
d Equipment		13,108,029.	11,000,663.	2,107,366.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				156,858,912.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT-LIMITED PARTNERSHIP	18,022,303.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	18,022,303.	

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,767,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-4,265,737.		
b	Donated services and use of facilities	2b	122,972.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,252,144.		
e	Add lines **2a** through **2d**			2e	-1,890,621.
3	Subtract line **2e** from line **1**			3	10,657,854.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	10,657,854.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	21,965,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	122,972.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,252,144.		
e	Add lines **2a** through **2d**			2e	2,375,116.
3	Subtract line **2e** from line **1**			3	19,590,062.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	19,590,062.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

ENDOWMENT FUNDS

DURING 1991, NWS ESTABLISHED THE NEW WORLD SYMPHONY ENDOWMENT FUND. THE PURPOSE OF THE ENDOWMENT FUND IS TO CREATE A CONTINUOUS DEVELOPMENT PROGRAM THAT WILL ENABLE INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO MAKE GIFTS TO NWS, TO PROVIDE FOR THE PERMANENT FINANCING OF THE PROGRAMS OF NWS, AND TO ENSURE THE PERMANENT EXISTENCE OF NWS.

ARTWORK COLLECTION

NEW WORLD SYMPHONY BELIEVES THE CLASSICAL MUSIC EXPERIENCE BEGINS WHEN ONE CROSSES OUR NEW CAMPUS' THRESHOLD AS A PATRON, MUSICIAN OR CURIOUS OBSERVER. OUR NEW CAMPUS AND ITS CONTENTS ARE THE BEGINNING OF THE EXPERIENCE. THE ART PIECE THAT HAS BEEN SO GENEROUSLY DONATED TO NEW WORLD SYMPHONY AIDS IN THE BEGINNING OF THIS EXPERIENCE.

REVENUE/EXPENSE RECONCILIATION

DIRECT RENTAL EXPENSES OF $2,252,143 ARE SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS. HOWEVER, DIRECT RENTAL EXPENSES ARE SHOWN NET OF RENTAL INCOME ON THE FORM 990 PAGE 9.

UNCERTAIN TAX POSITION

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

Part XIII Supplemental Information *(continued)*

LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IF THE ORGANIZATION WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES WOULD BE REPORTED AS INCOME TAXES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

NONDISCRIMINATORY POLICY

THE ORGANIZATION'S NONDISCRIMINATORY POLICY IS STATED IN ITS RECRUITMENT BROCHURE AS WELL AS THE PUBLICATIONS "INTERNATIONAL MUSICIAN" WHICH IS WELL KNOWN WITHIN THE COMMUNITY IT SERVES.

FINANCIAL AID

THE ORGANIZATION RECIEVES GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES TO FACILITATE PROGRAMS IN FURTHERANCE OF ITS MISSION.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,715,210.		0.	1,715,210.
	2 Less: Contributions	1,549,720.		0.	1,549,720.
	3 Gross income (line 1 minus line 2)	165,490.		0.	165,490.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs			0.	
	7 Food and beverages	136,879.		0.	136,879.
	8 Entertainment	64,697.		0.	64,697.
	9 Other direct expenses	264,100.		0.	264,100.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				465,676.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-300,186.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: ____

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

b If "No," explain: ____

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

b If "Yes," explain: ____

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ____________________

Address ▶ ____________________

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________ .

c If "Yes," enter name and address of the third party:

Name ▶ ____________________

Address ▶ ____________________

16 Gaming manager information:

Name ▶ ____________________

Gaming manager compensation ▶ $ ______________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	STIPEND FOR PROGRAM PARTICIPANTS	87.	1,422,892.		BOOK VALUE	STIPEND
2	STIPEND (SUBSTITUTES) PROGRAM ACTIVITIES	270.	111,909.		BOOK VALUE	STIPEND
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING THE USE OF GRANTS IN THE U.S.

ALL OF THE ORGANIZATION'S FELLOWS RECEIVE A STIPEND FOR LIVING

EXPENDITURES WHILE IN THE PROGRAM.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
HOWARD HERRING	(i)	240,930.	0.	0.	0.	8,202.	249,132.	0.
1 PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID PHILLIPS	(i)	233,029.	0.	0.	0.	9,028.	242,057.	0.
2 E VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS MERILATT	(i)	187,626.	0.	0.	0.	7,268.	194,894.	0.
3 E VP ARTISTIC PLANNING/PROG	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL WOEHRLE	(i)	145,256.	0.	0.	0.	5,472.	150,728.	0.
4 VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN KIESER	(i)	229,995.	0.	0.	0.	7,994.	237,989.	0.
5 EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2015
Open To Public Inspection

Name of the organization: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number: 59-2809056

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
►Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

POLICIES AND PROCEDURES

EMPLOYEES AND BOARD MEMBERS OF NWS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT MINIMIZE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS MUCH AS POSSIBLE. THE POLICY ESTABLISHES THE FRAMEWORK WITHIN WHICH NWS WISHES ITS BUSINESS TO OPERATE. THE PURPOSE OF THESE GUIDELINES IS TO PROVIDE GENERAL DIRECTION SO THAT EMPLOYEES AND BOARD MEMBERS CAN SEEK FURTHER CLARIFICATION ON ISSUES RELATED TO THE SUBJECT OF ACCEPTABLE STANDARDS OF OPERATION. STAFF MEMBERS AT DIRECTOR LEVEL AND ABOVE AND TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS, WHICH INDICATES WHETHER OR NOT THEY HAVE PARTICIPATED IN ANY BUSINESS TRANSACTION THAT WOULD GIVE RISE TO A CONFLICT OF INTEREST.

POLICIES AND PROCEDURES

THE CHAIRMAN OF THE BOARD REVIEWS COMPARABILITY DATA WHEN HIRING A NEW PRESIDENT AND ANNUALLY APPROVES THE PRESIDENT'S COMPENSATION PACKAGE BASED ON PERFORMANCE. THE PRESIDENT APPROVES THE COMPENSATION PACKAGES FOR THE EXECUTIVE VICE PRESIDENTS AND SENIOR VICE PRESIDENTS BASED ON PERFORMANCE.

DISCLOSURE ITEMS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE

Name of the organization NEW WORLD SYMPHONY, INC. C/O DAVID PHILLIPS	Employer identification number 59-2809056

FORM 990 IS ALSO AVAILABLE THROUGH ACCESS OF GUIDESTAR.

GOVERNING BODY AND MANAGEMENT

THE CFO IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990. IT WILL THEN BE PRESENTED TO THE FINANCE COMMITTEE SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE FOR THEIR REVIEW. ALL MEMBERS OF THE BOARD OF TRUSTEES WILL BE INVITED TO REVIEW THE FINAL FORM 990 UPON REQUEST.

FAMILY RELATION

SARAH S. ARISON - NEICE OF HARRY M. HERSH

FORM 990, PART III (4B)

NEW WORLD SYMPHONY ADDED A NEW ALTERNATE PERFORMANCE FORMAT TO PROGRAM SERVICES - AUDIENCE RESEARCH AND DEVELOPMENT CALLED, "NEW AUDIENCE FELLOW INITIATIVE (FELLOW-DRIVEN CONCERTS)." FELLOWS VIE FOR SEVERAL OPPORTUNITIES EACH SEASON TO DESIGN AND PRODUCE A CONCERT PROGRAM FROM START TO FINISH, ACCOMPLISHED WITH GUIDANCE AND SUPPORT FROM NWS STAFF. SELECTED FELLOWS ARE CHARGED WITH ARTICULATING AN OVERARCHING ARTISTIC CONCEPT, DEFINING A TARGET AUDIENCE, DESIGNING A PROGRAM AND MARKETING STRATEGY, FORMING AND MANAGING A BUDGET, AND COORDINATING AUXILIARY EVENTS THAT DOVETAIL WITH THEIR ARTISTIC VISION FOR THE AUDIENCE'S EXPERIENCE (E.G., POST-CONCERT SOCIAL GATHERINGS). THIS IS A COMPREHENSIVE LEARNING EXPERIENCE FOR THE PRODUCING FELLOWS, WHO ARE MENTORED BY STAFF IN THESE AREAS.

FINANCIAL ANALYSIS

FOR A FULL UNDERSTANDING OF NWS' FINANCIAL PICTURE, READERS ARE

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ENCOURAGED TO REVIEW NWS' AUDITED FINANCIAL STATEMENTS AND ITS ANNUAL OPERATING BUDGET. TYPICALLY, OPERATING RESULTS EXCLUDE INVESTMENT GAINS AND/OR LOSSES ON ENDOWED ASSETS, PLEDGES AND GIFTS RECEIVED FOR FUTURE FISCAL YEARS, CAPITAL IMPROVEMENTS AND DEPRECIATION.

ATTACHMENT 1

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

THE MISSION OF THE NEW WORLD SYMPHONY IS TO PREPARE GIFTED GRADUATES OF DISTINGUISHED MUSIC PROGRAMS FOR LEADERSHIP ROLES IN ORCHESTRAS AND ENSEMBLES THROUGHOUT THE WORLD.

THE NEW WORLD SYMPHONY, AMERICA'S ORCHESTRAL ACADEMY (NWS), OFFERS A THREE-YEAR POSTGRADUATE FELLOWSHIP PROGRAM FOCUSING ON MUSICAL TECHNIQUE, PERFORMANCE, AUDIENCE DEVELOPMENT, AND COMMUNITY ENGAGEMENT. FOUNDED IN 1987 BY MICHAEL TILSON THOMAS (MTT) AND TED ARISON, NWS SEEKS TO EXPAND ITS 87 FELLOWS' MUSICAL AND PROFESSIONAL HORIZONS BEYOND TRADITIONAL CONSERVATORY TRAINING. VISITING FACULTY OFFER MASTER CLASSES, COACHING, PRIVATE LESSONS, AND ADVANCED SEMINARS IN AUDITION TRAINING, PERFORMANCE PSYCHOLOGY, COMMUNICATIONS, AND COMMUNITY ENGAGEMENT. IN ADDITION, NWS FELLOWS PERFORM WEEKLY CONCERTS, PLAYING A DIVERSE REPERTOIRE IN AN ARRAY OF PERFORMANCE FORMATS.

NWS ENVISIONS A STRONG AND SECURE FUTURE FOR CLASSICAL MUSIC, SEEKING TO REDEFINE, REAFFIRM, AND SHARE ITS TRADITIONS WITH AS MANY PEOPLE AS POSSIBLE. NWS' CAMPUS, NEW WORLD CENTER, OPENED IN JANUARY 2011 TO WORLDWIDE ACCLAIM. THE FACILITY WAS BUILT BASED UPON THE NEEDS OF NWS PROGRAMMING, AND INVITES AND ENCOURAGES THE ORGANIZATION'S USE OF

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 1 (CONT'D)

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

TECHNOLOGY FOR ARTS EDUCATION, AUDIENCE DEVELOPMENT, AND COMMUNITY OUTREACH AND ENGAGEMENT. THROUGH THE USE OF DIGITAL TECHNOLOGY, VIDEO, MOVING IMAGES, AND LIGHTING, NWS IS BROADENING AND DIVERSIFYING AUDIENCES FOR CLASSICAL MUSIC.

NWS IS A MEMBER IN GOOD STANDING OF THE LEAGUE OF AMERICAN ORCHESTRAS, AN ORGANIZATION FOUNDED TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS RELATED TO ARTISTIC, VOLUNTEER, AND MANAGERIAL TOPICS AMONG U.S. ORCHESTRAS. NWS IS ALSO AN ACCREDITED POST-SECONDARY NON-DEGREE GRANTING MEMBER OF NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC.

ATTACHMENT 2

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

THE FELLOWSHIP PROGRAM - (PREVIOUSLY KNOWN AS ORCHESTRAL TRAINING) FELLOWSHIP ACTIVITIES ARE STRUCTURED UNDER THE AREAS OF ORCHESTRAL PERFORMANCE AND MUSICIANSHIP, AUDIENCE ENGAGEMENT, AND LEADERSHIP DEVELOPMENT. EACH YEAR, MORE THAN 150 VISITING ARTISTS AND COACHES WORK WITH NWS FELLOWS, OFFERING MASTER CLASSES AND PRIVATE LESSONS AS WELL AS INSTRUCTION IN AUDITION PREPARATION, PERFORMANCE PSYCHOLOGY, COMMUNICATIONS, AND COMMUNITY ENGAGEMENT. INSTRUMENTAL COACHES HELP PREPARE PERFORMANCE REPERTOIRE, LEAD SECTIONAL REHEARSALS, COACH WITHIN ENSEMBLE SETTINGS, AND PLAY SIDE-BY-SIDE WITH NWS FELLOWS IN REHEARSALS AND PERFORMANCES. FELLOWS LEARN HOW TO CONNECT WITH AUDIENCE MEMBERS IN THE CONCERT HALL AND IN THE

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 2 (CONT'D)

COMMUNITY. NWS' LEADERSHIP DEVELOPMENT CURRICULUM PREPARES FELLOWS TO BE SELF CONFIDENT, INFLUENTIAL "ARTIST-LEADERS" IN WHATEVER PROFESSIONAL ENDEAVORS THEY PURSUE. LEVERAGING THE INTERNET2 NETWORK-A HIGHSPEED, NEXT GENERATION INTERNET-NWS FELLOWS ALSO CONDUCT AND RECEIVE LESSONS, MASTER CLASSES, INTERVIEWS, AND REHEARSALS WITH MUSICIANS, COMPOSERS, AND PERFORMERS AROUND THE WORLD.

FELLOWS PARTICIPATE IN APPROXIMATELY 75 CLASSICAL MUSIC PRESENTATIONS THROUGHOUT A 35-WEEK SEASON, WITH MOST PERFORMANCES TAKING PLACE AT THE NEW WORLD CENTER IN MIAMI BEACH. CONCERT REPERTOIRE INCLUDES SOLO, CHAMBER ENSEMBLE, AND FULL ORCHESTRA WORKS RANGING FROM CENTURIES-OLD COMPOSITIONS TO WORLD PREMIERE COMMISSIONS. PROGRAMMING INCLUDES AN ORCHESTRA SUBSCRIPTION SERIES; CHAMBER MUSIC CONCERTS; CHILDREN'S CONCERTS; LATE-NIGHT "CLUB-STYLE" CONCERTS; AND A CONTEMPORARY MUSIC SERIES.

THE RESULT OF A MULTI-TIERED TRAINING APPROACH IS AN EVER-GROWING CADRE OF NWS FELLOWS AND ALUMNI EQUIPPED WITH A DEEPER UNDERSTANDING OF DIVERSE STYLES AND TRADITIONS WITHIN CLASSICAL MUSIC; THE ABILITY TO ARTICULATE THIS IN THEIR PLAYING; AND THE SKILL TO SHARE THEIR DEEPER UNDERSTANDING WITH AUDIENCES AND WITH THE NEXT GENERATION OF MUSICIANS. IN THE 29 YEARS SINCE NWS' FOUNDING, MORE THAN 1,000 ALUMNI HAVE GONE ON TO MAKE A DIFFERENCE IN COMMUNITIES AND ORGANIZATIONS WORLDWIDE.

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 3

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

AUDIENCE RESEARCH AND DEVELOPMENT - NWS HAS LINKED SEVERAL ALTERNATE PERFORMANCE FORMATS TO ONGOING AUDIENCE RESEARCH. CONFRONTED WITH AN ECONOMIC DOWNTURN, AN AGING AUDIENCE, AND MORE THAN A GENERATION OF POTENTIAL AUDIENCES WITH LIMITED EXPOSURE TO CLASSICAL MUSIC, ORCHESTRAS NATIONWIDE HAVE TESTED ALTERNATIVE WAYS TO ATTRACT NEW AUDIENCES. THIS EFFORT IS ESSENTIAL FOR ORCHESTRAS' ARTISTIC AND FISCAL HEALTH.

NWS' ALTERNATE PERFORMANCE FORMATS INCLUDE THE FOLLOWING:

* PULSE CONCERTS: LATE-NIGHT CONCERTS FEATURED VISUALLY ENHANCED PERFORMANCES IN THE CONCERT HALL AND AN "UNPLUGGED" PERFORMANCE INTERSPERSED WITH A SET OF DJ-SPUN ELECTRONICA. COCKTAIL BARS INSIDE THE HALL, CLUB-STYLE LIGHTING, AND VIDEO PROJECTIONS MARK THESE CUTTING-EDGE MUSICAL, SOCIAL, AND DANCE EVENTS.
* ENCOUNTERS CONCERTS: NO-INTERMISSION EDUCATIONAL PERFORMANCES LASTING APPROXIMATELY ONE HOUR THAT FEATURE EXTENDED, VISUALLY ENHANCED, INTRODUCTORY EXPLANATIONS OF THE MUSIC BY A GUEST HOST AND THE CONDUCTOR.
* WALLCAST CONCERTS: THE LIVE PROJECTION OF SELECT NWS CONCERTS ONTO THE 7,000 SQ. FT. FRONT FAÇADE OF NEW WORLD CENTER. THESE FREE, HIGH-DEFINITION BROADCASTS ARE VIEWED BY LOCAL RESIDENTS AND TOURISTS GATHERED IN ADJACENT SOUNDSCAPE PARK. EACH OF THESE FREE MONTHLY OUTDOOR PRESENTATIONS ATTRACTS AN AVERAGE OF 2,000 ATTENDEES.

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 3 (CONT'D)

* NEW AUDIENCE FELLOW INITIATIVE (FELLOW-DRIVEN CONCERTS):

FELLOWS VIE FOR SEVERAL OPPORTUNITIES EACH SEASON TO DESIGN AND PRODUCE A CONCERT PROGRAM FROM START TO FINISH, ACCOMPLISHED WITH GUIDANCE AND SUPPORT FROM NWS STAFF. SELECTED FELLOWS ARE CHARGED WITH ARTICULATING AN OVERARCHING ARTISTIC CONCEPT, DEFINING A TARGET AUDIENCE, DESIGNING A PROGRAM AND MARKETING STRATEGY, FORMING AND MANAGING A BUDGET, AND COORDINATING AUXILIARY EVENTS THAT DOVETAIL WITH THEIR ARTISTIC VISION FOR THE AUDIENCE'S EXPERIENCE (E.G., POST-CONCERT SOCIAL GATHERINGS). THIS IS A COMPREHENSIVE LEARNING EXPERIENCE FOR THE PRODUCING FELLOWS, WHO ARE MENTORED BY STAFF IN THESE AREAS.

THE CYCLE OF DATA GATHERING, CONTENT REFINEMENT, MARKETING REDESIGN, AND PERFORMANCE IS ONGOING. AS PART OF THIS PROCESS, AUDIENCES ARE SURVEYED FOR THEIR REACTIONS TO THE ALTERNATE FORMATS; THIS DIALOGUE GIVES THEM A VOICE IN THE CREATIVE PROCESS AND HELPS DEEPEN THEIR RELATIONSHIP TO THE FELLOWS, THE MUSIC, AND NWS.

RESULTS TO DATE SHOW PROMISE. ALTERNATE FORMAT CONCERTS HAVE ALLOWED SYMPHONY ORCHESTRAS AND CLASSICAL MUSIC PRESENTERS TO TAKE INFORMED RISKS IN THEIR AUDIENCE GROWTH INITIATIVES. NWS ARTISTIC DIRECTOR MICHAEL TILSON THOMAS, NWS FELLOWS, AND THE INSTITUTION'S COLLABORATING ARTISTS CONTINUE TO REIMAGINE THE CONCERT EXPERIENCE USING VIDEO, LIGHTING, AND THEATRICAL ENHANCEMENTS. THESE EXPLORATIONS INTRIGUE AUDIENCES AND DEEPEN THEIR UNDERSTANDING OF

ATTACHMENT 3 (CONT'D)

THE MUSIC; THEY ALSO PROVIDE FELLOWS WITH NEW PERSPECTIVES THAT WILL INFORM THEIR CAREERS AS THEY BUILD ON THESE MODELS.

NWS IS A LEADER IN USING DIGITAL TECHNOLOGY TO ENHANCE CLASSICAL MUSIC PERFORMANCE AND EDUCATION, BOTH IN THE CONCERT HALL AND ONLINE. NWS IS THE LEAD PARTNER AND CURATOR OF MUSAIC, AN ONLINE VIDEO LIBRARY OF MASTER CLASSES, ORCHESTRAL EXCERPTS, HOW-TO LESSONS, INTERVIEWS, AND PERFORMANCES. THIS FREE REPOSITORY SERVES CLASSICAL MUSIC STUDENTS, PROFESSIONALS, AND AFICIONADOS. FELLOWS BENEFIT FROM ITS USE AS WELL WHILE ALSO CREATING CONTENT FOR THE SITE. NWS MAINTAINS PARTNERSHIPS WITH NINE MAJOR MUSIC SCHOOLS AROUND THE WORLD, ALL OF WHICH REGULARLY CONTRIBUTE CONTENT TO THE SITE.

DURING THE OPENING SESSION OF THEIR 2013 CONFERENCE, LEAGUE OF AMERICAN ORCHESTRAS PRESIDENT AND CEO JESSE ROSEN NOTED, "THE NEW WORLD SYMPHONY IS ONE OF OUR BEACONS FOR TAKING INNOVATION TO THE NEXT LEVEL. THEY HAVE NOT ONLY BEEN TESTING NEW CONCERT FORMATS, BUT THEY HAVE BEEN ADJUSTING AS THE GO-GETTING AUDIENCE INPUT, EVALUATING THE RESULTS, AND COLLABORATING WITH [PARTNER ORCHESTRAS IN] SAN DIEGO, CHARLOTTE, MEMPHIS, DETROIT, AND KANSAS CITY TO EXTEND THE TESTS OUTWARD." NWS CONSIDERS ITS WORK A MAJOR STEP FORWARD IN BRINGING NEW IDEAS AND RESEARCH-BASED FINDINGS TO THE ORCHESTRA WORLD.

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 4

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

COMMUNITY ENGAGEMENT - NWS BELIEVES THAT ORCHESTRAL MUSICIANS SHOULD BE AMBASSADORS FOR CLASSICAL MUSIC-AS ADVOCATES, EDUCATORS, MENTORS, AND LEADERS. NWS' COMMUNITY ENGAGEMENT PROGRAMS (I) PREPARE FELLOWS FOR LEADERSHIP ROLES AS EDUCATORS, COMMUNICATORS, AND ROLE MODELS; (II) INTRODUCE CHILDREN TO CLASSICAL MUSIC AND THE CONCERT-GOING EXPERIENCE; AND (III) FOSTER LASTING AND MEANINGFUL RELATIONSHIPS BETWEEN THE ORCHESTRA AND THE COMMUNITY.

NWS' COMMUNITY ENGAGEMENT ACTIVITIES INCLUDE THE FOLLOWING:

* NWS IN THE SCHOOLS AND COMMUNITY: FELLOWS VISIT AREA SCHOOLS TO MAKE 45-MINUTE INTERACTIVE AND THEMATIC MUSICAL PRESENTATIONS AIMED AT HELPING STUDENTS DISCOVER AND BECOME EXCITED ABOUT CLASSICAL MUSIC. NWS FELLOWS ALSO PLAY IN VARIOUS OTHER COMMUNITY VENUES, INCLUDING HOSPITALS, HOSPICES, AND SENIOR CENTERS.
* INSIDE THE MUSIC: THIS SERIES OF FREE, HOUR-LONG PRESENTATIONS AT NEW WORLD CENTER ALLOWS NWS FELLOWS TO PROVIDE AN INTIMATE AND INTERACTIVE VIEW INTO THE WORLD OF CLASSICAL MUSIC AND SYMPHONY MUSICIANS. TOPICS RANGE FROM MUSIC APPRECIATION TO THE HISTORIC CONTEXTS OF COMPOSERS AND MORE, AND AUDIENCE MEMBERS ARE ENCOURAGED TO PARTICIPATE BY ASKING QUESTIONS AND TAKING PART IN POST-PRESENTATION DISCUSSIONS.
* REHEARSAL OBSERVATIONS: LOCAL GROUPS ARE INVITED TO ATTEND ORCHESTRA REHEARSALS WITH INTERNATIONALLY RENOWNED CONDUCTORS AND

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 4 (CONT'D)

SOLOISTS. PRIOR TO REHEARSALS, PARTICIPANTS MEET WITH FELLOWS TO LEARN ABOUT BOTH THE MUSICAL PIECES AND THE INSTRUMENTS. PARTICIPATING ORGANIZATIONS INCLUDE K-12 SCHOOLS, UNIVERSITIES, AND ADULT LEARNING CENTERS.

* EDUCATION CONCERTS: THESE DAYTIME CONCERTS ARE DESIGNED TO INTRODUCE SCHOOLCHILDREN TO THE CONCERT-GOING EXPERIENCE, MAJOR ORCHESTRAL WORKS, AND FAMOUS COMPOSERS. NWS PROVIDES FREE TRANSPORTATION FOR ALL ATTENDEES, AND TEACHERS RECEIVE A STUDY GUIDE TO HEIGHTEN THE EDUCATIONAL IMPACT OF THE PERFORMANCE. A POST-PRODUCED BROADCAST OF THE CONCERTS IS MADE AVAILABLE ONLINE FOR STUDENTS IN SCHOOLS AROUND THE COUNTRY.

* SIDE-BY-SIDE CONCERT: THIS PROGRAM OFFERS ADVANCED YOUNG INSTRUMENTALISTS IN GRADES 7 THROUGH 12 AN OPPORTUNITY TO PERFORM ALONGSIDE NWS FELLOWS IN CONCERT. THROUGH THIS EXPERIENCE, PARTICIPANTS AND FELLOWS DEVELOP A MUSICAL WORKING RELATIONSHIP AS TOGETHER THEY REHEARSE AND PERFORM VARIOUS ORCHESTRAL WORKS. AUDITIONS ARE OPEN TO ADVANCED STRING, WOODWIND, BRASS, AND PERCUSSION STUDENTS FROM ACROSS SOUTH FLORIDA.

* MUSICLAB: MUSICLAB IS A COMMUNITY MENTORSHIP PROGRAM THAT BRINGS NWS FELLOWS INTO YOUTH MUSIC PROGRAMS TO WORK WITH LOCAL STUDENTS. EACH YEAR, 100 YOUNG MUSICIANS FROM PARTNER SCHOOLS AND ORGANIZATIONS RECEIVE LESSONS COACHING FROM FELLOWS IN ONE-ON-ONE AND GROUP COACHING SESSIONS ON A BI-MONTHLY BASIS THROUGHOUT THE SCHOOLYEAR. AT THE END OF THE SEASON, MUSICLAB STUDENTS SHOWCASE THEIR TALENT TO THEIR PEERS, FAMILIES, AND MEMBERS OF THE COMMUNITY IN A CONCERT PERFORMANCE AT THE NEW WORLD CENTER.

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 4 (CONT'D)

* NWS CONNECT: THIS ONLINE PROGRAM ENABLES PURPOSEFUL DISCUSSIONS AND INTERACTIONS BETWEEN ASPIRING YOUNG INSTRUMENTALISTS WITH MENTORSHIP FROM NWS FELLOWS. STUDENTS CAN FIND INFORMATION ABOUT AND PARTICIPATE IN ONLINE EVENTS SUCH AS VIRTUAL HANGOUTS (OPPORTUNITIES TO CONVERSE IN REAL-TIME WITH NWS FELLOWS THROUGH THE GOOGLE+ HANGOUT PLATFORM), WEBCASTS, AND IN-PERSON EVENTS AT NEW WORLD CENTER. FELLOWS ALSO CONDUCT ONLINE RESIDENCIES WITH STUDENT MUSIC ENSEMBLES AROUND THE UNITED STATES VIA SKYPE AND INTERNET2.

REACHING THOUSANDS OF SOUTH FLORIDA CHILDREN AND YOUTH EACH YEAR, THESE PROGRAMS ALLOW FELLOWS TO MENTOR STUDENT-MUSICIANS, OFFER FREE MUSIC LESSONS, COACH LOCAL SCHOOL BANDS AND ORCHESTRAS, AND OFFER FREE CONCERTS TAILORED TO YOUNG AUDIENCES. IN THE PROCESS, FELLOWS SHARPEN THEIR PRESENTATION, LEADERSHIP, AND TEACHING SKILLS, WHICH THEY WILL CONTINUE TO USE IN THEIR PROFESSIONAL LIVES AS MUSICIANS. EACH SEASON, NWS REACHES 12,500 YOUTH, CHILDREN, AND ADULTS THROUGH COMMUNITY ENGAGEMENT.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SUPPORTING ACTIVITIES TO PROGRAMS		1,802,383.	
TOTALS		1,802,383.	

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CRYSTAL & CO OF FLORIDA INC 600 BRICKELL AVE, STE 2575 MIAMI, FL 33131	INSURANCE	718,352.
ENLIGHTEN DIGITAL 4403 VINELAND ROAD, SUITE B6 ORLAND, FL 32811	BROADCAST EQUIPMENT	843,361.
ASKONAS HOLT 25 CLANCERY LANE LONDON UNITED KINGDOM W14 ONS	ARTIST SERVICES	513,226.
FPL GENERAL MAIL FACILITY MIAMI, FL 33188	UTILITIES	374,320.
THIERRY'S CATERING 915 NW 72ND STREET MIAMI, FL 33150	CATERING	183,664.

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	740,568.			740,568.
TOTALS	740,568.			740,568.

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GALA INCOME	1,549,720.
TOTAL	1,549,720.

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 9

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALA INCOME	165,490.	465,676.	-300,186.
TOTALS	165,490.	465,676.	-300,186.

ATTACHMENT 10

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	755,063.	810,281.
TOTALS	755,063.	810,281.

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
INVESTMENT-DOMESTIC EQUITIES	30,977,820.	28,262,656.	FMV
INVESTMENT-GLOBAL EQUITIES	30,923,757.	26,605,293.	FMV
INVESTMENT-MUTUAL BONDS	18,120,229.	17,379,634.	FMV
TOTALS	80,021,806.	72,247,583.	

ATTACHMENT 12

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 12 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE		853,243.	879,668.
	TOTALS	853,243.	879,668.

ATTACHMENT 13

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: REVOLVING LINE OF CREDIT - SUNTRUST
ORIGINAL AMOUNT: 3,000,000.
INTEREST RATE: 1.3000 %
DATE OF NOTE: 07/13/2009
MATURITY DATE: 06/26/2017
REPAYMENT TERMS: INTEREST ONLY PAID MONTHLY AND PERIODIC PRINCIPAL
SECURITY PROVIDED: CERTAIN ENDOWMENT INVESTMENTS
PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE .... 1,094,000.
ENDING BALANCE DUE .... 1,786,000.

LENDER: PROMISSORY NOTE - SUNTRUST
ORIGINAL AMOUNT: 18,400,000.
INTEREST RATE: 1.3000 %
DATE OF NOTE: 10/18/2011
MATURITY DATE: 06/30/2017
REPAYMENT TERMS: INTEREST ONLY PAYMENTS, PRINCIPAL DUE AT MATURITY
SECURITY PROVIDED: INVESTMENT ACCOUNT MAINTAINED BY BENEFACTOR
PURPOSE OF LOAN: WORKING CAPITAL FOR CONSTRUCTION

BEGINNING BALANCE DUE .... 16,150,000.
ENDING BALANCE DUE .... 15,400,000.

LENDER: REVOLVING LINE OF CREDIT - SUNTRUST
ORIGINAL AMOUNT: 4,000,000.
INTEREST RATE: 1.3000 %
DATE OF NOTE: 07/24/2012
MATURITY DATE: 06/26/2017

Name of the organization NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number 59-2809056

ATTACHMENT 13 (CONT'D)

REPAYMENT TERMS:	INTEREST ONLY PAID MONTHLY AND PERIODIC PRINCIPAL
SECURITY PROVIDED:	CERTAIN ENDOWMENT INVESTMENTS
PURPOSE OF LOAN:	FINANCE CONSTRUCTION AND RENOVATIONS

BEGINNING BALANCE DUE	4,000,000.
ENDING BALANCE DUE	4,000,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	21,244,000.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	21,186,000.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number: 59-2809056

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALTON POINTE LLC 45-5001665 500 17TH STREET MIAMI BEACH, FL 33139	HOUSING	FL	-353,061.	0.	NONE
(2) NEW CAMPUS II, LLC 43-2074025 500 17TH STREET MIAMI BEACH, FL 33139	DVLP NEWFACLY	FL	0.	0.	NONE
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2015**

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Line	Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
NEW WORLD SYMPHONY, INC.	59-2809056

DESCRIPTION OF PROPERTY

NEW WORLD CENTER

	Yes		No	Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:			
REAL RENTAL INCOME			
OTHER INCOME:			
RENTAL INCOME		1,028,525.	
TOTAL GROSS INCOME			1,028,525.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)	837,706.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			1,880,091.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-851,566.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			-851,566.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
Totals									

JSA

5E7000 1.000

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	1,028,525.
	1,028,525.

OTHER DEDUCTIONS

INSURANCE	100,169.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	30,996.
SUPPLIES	11,097.
UTILITIES	55,939.
SALARIES/EMPLOYEE RELATED EXPENSES	753,009.
OTHER	91,175.
	1,042,385.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
NEW WORLD SYMPHONY, INC.	59-2809056

DESCRIPTION OF PROPERTY

ALTON POINTE

	Yes		No	Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:			
REAL RENTAL INCOME			
OTHER INCOME:			
RENTAL INCOME		401,495.	
TOTAL GROSS INCOME			401,495.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)	119,207.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			372,052.
TOTAL RENT OR ROYALTY INCOME (LOSS)			29,443.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			29,443.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
Totals									

JSA

5E7000 1.000

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	401,495.
	401,495.

OTHER DEDUCTIONS

CLEANING	15,546.
INSURANCE	9,844.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	10,696.
SUPPLIES	3,991.
TAXES	62,644.
UTILITIES	42,613.
SALARIES/EMPLOYEE RELATED EXPENSES	87,844.
OTHER DIRECT RENTAL EXPENSES	19,667.
	252,845.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
NEW WORLD CENTER	1,028,525.	837,706.	1,042,385.	-851,566.
ALTON POINTE	401,495.	119,207.	252,845.	29,443.
TOTALS	1,430,020.	956,913.	1,295,230.	-822,123.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/form1041*.

OMB No. 1545-0092

2015

Name of estate or trust: NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Employer identification number: 59-2809056

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2014 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶	7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	493,920.	1,044,235.		-550,315.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2014 Capital Loss Carryover Worksheet	15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶	16	-550,315.

Part III **Summary of Parts I and II**
Caution: *Read the instructions **before** completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			
18 Net long-term gain or (loss):				
a Total for year	18a			-550,315.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a ▶	19			-550,315.

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.*

Part IV **Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of: a The loss on line 19, column (3) **or** b $3,000	20	(3,000.)

Note: *If the loss on line 19, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.*

Part V **Tax Computation Using Maximum Capital Gains Rates**

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21		
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22				
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23				
24	Add lines 22 and 23	24				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25				
26	Subtract line 25 from line 24. If zero or less, enter -0-			26		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27		
28	Enter the **smaller** of the amount on line 21 or $2,500			28		
29	Enter the **smaller** of the amount on line 27 or line 28			29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶				30	
31	Enter the **smaller** of line 21 or line 26			31		
32	Subtract line 30 from line 26			32		
33	Enter the **smaller** of line 21 or $12,300			33		
34	Add lines 27 and 30			34		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35		
36	Enter the **smaller** of line 32 or line 35			36		
37	Multiply line 36 by 15% ▶				37	
38	Enter the amount from line 31			38		
39	Add lines 30 and 36			39		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40		
41	Multiply line 40 by 20% ▶				41	
42	Figure the tax on the amount on line 27. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42		
43	Add lines 37, 41, and 42			43		
44	Figure the tax on the amount on line 21. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44		
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶				45	

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
NEW WORLD SYMPHONY, INC.	59-2809056

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	**Adjustment, if any, to gain or loss.** If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
WEDGEWOOD PARTNERS	VARIOUS	VARIOUS		480,053.			-480,053.
HERNDON CAPITAL MGMT.	VARIOUS	VARIOUS		269,102.			-269,102.
JANUS TRITON (JSMGX)	VARIOUS	VARIOUS	49,538.				49,538.
AMERICAN BEACON SMALL CAP VALUE (AVFIX)	VARIOUS	VARIOUS		15,947.			-15,947.
MFS GLOBAL (MWEIX)	VARIOUS	VARIOUS	299,327.				299,327.
OPPENHEIMER DEVELOPING MKTS (ODVYX)	VARIOUS	VARIOUS		98,315.			-98,315.
ABERDEEN EMERGING MKTS (ABEMX)	VARIOUS	VARIOUS		109,405.			-109,405.
TCW EMERGING MARKETS DEBT (TGEIX)	VARIOUS	VARIOUS		10,007.			-10,007.
MET WEST CULTURAL ENDOWMENT (MWTIX)	VARIOUS	VARIOUS	21,179.				21,179.
MET WEST - COLLATERAL ACCT A (MWTIX)	VARIOUS	VARIOUS	46,635.				46,635.
MET WEST - COLLATERAL ACCT B (MWTIX)	VARIOUS	VARIOUS		1,740.			-1,740.
LONGFELLOW - COLLATERA ACCT B	VARIOUS	VARIOUS		36,782.			-36,782.
RECEIPTS & DISBURSEMEN S	VARIOUS	VARIOUS	77,241.				77,241.
MONEY MARKET	VARIOUS	VARIOUS		33.			-33.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			493,920.	1044235.			-550,315.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: NEW WORLD SYMPHONY, INC.

Social security number or taxpayer identification number: 59-2809056

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	**Adjustment, if any, to gain or loss.** If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
JOHN HANCOCK (JHAIX)	VARIOUS	VARIOUS		20,941.			-20,941.
VANGUARD RUSSELL 1000	VARIOUS	VARIOUS		1,910.			-1,910.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016.

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t*.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2015

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year: 252,589,599.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
NEW WORLD SYMPHONY, INC.
C/O DAVID PHILLIPS

Number, street, and room or suite no. If a P.O. box, see instructions.
500 17TH STREET

City or town, state or province, country, and ZIP or foreign postal code
MIAMI BEACH, FL 33139

D Employer identification number (Employees' trust, see instructions.)
59-2809056

E Unrelated business activity codes (See instructions.)
531190

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ RENTAL INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DAVID PHILLIPS Telephone number ▶ 305-428-6751

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances / c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6	1,430,020.	2,252,143.	-822,123.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	1,430,020.	2,252,143.	-822,123.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21: 6,626,063.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a: 6,626,063.	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-822,123.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-822,123.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)		33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-822,123.

Part III Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:

a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): **(1)** $ **(2)** $ **(3)** $

b Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $

(2) Additional 3% tax (not more than $100,000) $

c Income tax on the amount on line 34 ▶	35c	
36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37 **Proxy tax.** See instructions ▶	37	
38 Alternative minimum tax	38	
39 **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b Other credits (see instructions)	40b			
c General business credit. Attach Form 3800 (see instructions)	40c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e **Total credits.** Add lines 40a through 40d			40e	
41 Subtract line 40e from line 39			41	
42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43 **Total tax.** Add lines 41 and 42			43	0.
44 a Payments: A 2014 overpayment credited to 2015	44a			
b 2015 estimated tax payments	44b			
c Tax deposited with Form 8868	44c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e Backup withholding (see instructions)	44e			
f Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g Other credits and payments: ☐ Form 2439 ____ ☐ Form 4136 ____ ☐ Other ____ Total ▶	44g			
45 **Total payments.** Add lines 44a through 44g			45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47 **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	
48 **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	
49 Enter the amount of line 48 you want: **Credited to 2016 estimated tax** ▶ **Refunded** ▶			49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4 a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No X
b Other costs (attach schedule)	4b				
5 **Total.** Add lines 1 through 4b	5				

Sign Here

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

DAVID PHILLIPS — Signature of officer | Date | VICE PRESIDENT — Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD BUTLER				P00541422

Firm's name ▶ MARCUM, LLP — Firm's EIN ▶ 11-1986323

Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100, MIAMI, FL 33131 — Phone no. 305-995-9600

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) FACILITY RENTAL
(2) ALTON POINTE
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) ATTACHMENT 1
(1)		1,028,525.	1,880,091.
(2)		401,495.	372,052.
(3)			
(4)			
Total		Total 1,430,020.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		1,430,020.	**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 2,252,143.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	**2.** Gross income from or allocable to debt-financed property	**3.** Deductions directly connected with or allocable to debt-financed property: **(a)** Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6.** Column 4 divided by column 5	**7.** Gross income reportable (column 2 x column 6)	**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . . ▶				
Total dividends-received deductions included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	**2.** Employer identification number	**3.** Net unrelated income (loss) (see instructions)	**4.** Total of specified payments made	**5.** Part of column 4 that is included in the controlling organization's gross income	**6.** Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	**8.** Net unrelated income (loss) (see instructions)	**9.** Total of specified payments made	**10.** Part of column 9 that is included in the controlling organization's gross income	**11.** Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals . . . . . ▶				

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I **Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 1

FACILITY RENTAL

DEPRECIATION	837,706.
INTEREST	30,996.
INSURANCE	100,169.
SUPPLIES	11,097.
UTILITIES	55,939.
SALARIES/EMPLOYEE RELATED EXPENSES	753,009.
OTHER RENTAL SERVICING COST	91,175.
TOTAL	1,880,091.

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 2

ALTON POINTE

INTEREST	10,696.
DEPRECIATION	119,207.
REPAIRS & MAINTENANCE	15,546.
INSURANCE	9,844.
SUPPLIES	3,991.
TAXES	62,644.
UTILITIES	42,613.
SALARIES/EMPLOYEE RELATED EXPENSES	87,844.
OTHER RENTAL SERVICING COST	19,667.
TOTAL	372,052.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ROSE ELLEN GREENE 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
EDWARD MANNO SHUMSKY 500 17TH STREET MIAMI BEACH, FL 33139	CHAIRPERSON	0	0.
MARIO DE ARMAS 500 17TH STREET MIAMI BEACH, FL 33139	VC/TREASURER/CHAIR OF FIN COMM	0	0.
ROBERT MOSS 500 17TH STREET MIAMI BEACH, FL 33139	SECRETARY	0	0.
SARI AGATSTON 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
JEFFREY AKIN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
SHELDON T ANDERSON 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
MADELEINE ARISON 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
SARAH S ARISON 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
MATTHEW W BUTTRICK 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
TANYA CAPRILES DE BRILLEMBOURG 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
ADAM CARLIN 500 17TH STREET MIAMI BEACH, FL 33139	VC/CHAIR OF DEVELOPMENT COMM	0	0.
BRUCE E CLINTON 500 17TH STREET MIAMI BEACH, FL 33139	CHAIR OF FACILITIES COMMITTEE	0	0.
EDWARD J. CRAWFORD IV 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
PETER J DOLARA 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
HOWARD FRANK 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
JOHN J GERAGHTY 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
HARRY M HERSH 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
NEISEN KASDIN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
GERALD KATCHER 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RICHARD KOHAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
ENRIQUE LERNER RAIS 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
ALAN LIEBERMAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
ALBERT R MOLINA, JR 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
WILLIAM L MORRISON 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
L. MICHAEL ORLOVE 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
PATRICIA M PAPPER 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
JEFFREY T ROBERTS 500 17TH STREET MIAMI BEACH, FL 33139	CHAIR OF INVESTMENT COMMITTEE	0	0.
RICHARD T SANZ 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
DIANE S SEPLER 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RICHARD J WURTMAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
MATT HAGGMAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
WILLIAM KLEH 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
IRA M. BIRNS 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
STEPHEN L. OWENS 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
JOHN KIESER 500 17TH STREET MIAMI BEACH, FL 33139	EVP	0	0.
MAUREEN O'BRIEN 500 17TH STREET MIAMI BEACH, FL 33139	SVP	0	0.
WILLIAM C. HALL 500 17TH STREET MIAMI BEACH, FL 33139	VP	0	0.
MICHELLE KUCHARCZYK 500 17TH STREET MIAMI BEACH, FL 33139	VP	0	0.
JOSE LAMADRID 500 17TH STREET MIAMI BEACH, FL 33139	VP	0	0.

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
TOTAL COMPENSATION			0.