

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW WORLD SYMPHONY, INC C/O DAVID PHILLIPS Doing business as			D Employer identification number 59-2809056	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (305) 428-6700	
	500 17TH STREET				
	City or town, state or province, country, and ZIP or foreign postal code MIAMI BEACH, FL 33139				
F Name and address of principal officer: DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139			G Gross receipts \$ 24,698,864.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: ▶ WWW.NWS.EDU			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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)	36.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	36.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0.	
	6	Total number of volunteers (estimate if necessary)	80.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-616,613.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-616,613.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,663,183.	16,310,362.
	9	Program service revenue (Part VIII, line 2g)	1,889,336.	1,638,221.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,253.	1,964,873.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,084,918.	-702,806.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,657,854.	19,210,650.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	1,653,512.	1,764,321.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,469,968.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,401,749.	16,614,757.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,590,062.	19,927,063.	
19	Revenue less expenses. Subtract line 18 from line 12	-8,932,208.	-716,413.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	252,589,599.	261,719,205.
	21	Total liabilities (Part X, line 26)	23,026,805.	24,344,409.
	22	Net assets or fund balances. Subtract line 21 from line 20	229,562,794.	237,374,796.

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		10/10/2017		
			Date		
	DAVID PHILLIPS		EVP & CFO		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ANA CUNILL		10/10/2017		P00959165
	Firm's name ▶ MARCUM, LLP	Firm's EIN ▶ 11-1986323		Phone no. 305-995-9600	
	Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131				

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** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] 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 \$ 7,265,477. including grants of \$ 1,547,985.) (Revenue \$ 1,638,221.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 7,100,352. including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 165,124. including grants of \$) (Revenue \$)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5 (Expenses \$ 1,981,493. including grants of \$) (Revenue \$)

4e Total program service expenses 16,512,446.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organization activities and schedules.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (36), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
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. X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD MANNO SHUMSKY CHAIRPERSON	5.00 0.	X		X				0.	0.	0.
(2) ADAM CARLIN VC/CHAIR OF DEVELOPMENT COMM	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) IRA M. BIRNS TRUSTEE	1.00 0.	X						0.	0.	0.
(11) OLGA BLAVATNIK TRUSTEE	1.00 0.	X						0.	0.	0.
(12) KATHERINE BORMANN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) TANYA CAPRILES DE BRILLEMBOURG TRUSTEE	1.00 0.	X						0.	0.	0.
(14) MATTHEW W. BUTTRICK 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) BRUCE E. CLINTON CHAIR OF FACILITIES COMMITTEE	1.00 0.	X					0.	0.	0.	
16) EDWARD J. CRAWFORD IV TRUSTEE	1.00 0.	X					0.	0.	0.	
17) PETER J. DOLARA TRUSTEE	1.00 0.	X					0.	0.	0.	
18) HOWARD FRANK TRUSTEE	1.00 0.	X					0.	0.	0.	
19) JOHN J. GERAGHTY TRUSTEE	1.00 0.	X					0.	0.	0.	
20) ROSE ELLEN GREENE TRUSTEE	1.00 0.	X					0.	0.	0.	
21) MATT HAGGMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
22) HARRY M. HERSH TRUSTEE	1.00 0.	X					0.	0.	0.	
23) NEISEN O. KASDIN TRUSTEE	1.00 0.	X					0.	0.	0.	
24) GERALD KATCHER TRUSTEE	1.00 0.	X					0.	0.	0.	
25) WILLIAM KLEH TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,705,270.	0.	59,052.	
d Total (add lines 1b and 1c)							1,705,270.	0.	59,052.	

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		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	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		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 **9**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) RICHARD L. KOHAN TRUSTEE	1.00 0.	X					0.	0.	0.	
27) ENRIQUE LERNER TRUSTEE	1.00 0.	X					0.	0.	0.	
28) ALAN LIEBERMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
29) ALBERT R. MOLINA, JR. TRUSTEE	1.00 0.	X					0.	0.	0.	
30) WILLIAM L. MORRISON TRUSTEE	1.00 0.	X					0.	0.	0.	
31) L. MICHAEL ORLOVE TRUSTEE	1.00 0.	X					0.	0.	0.	
32) WILLIAM M. OSBORNE III TRUSTEE	1.00 0.	X					0.	0.	0.	
33) STEPHEN L. OWENS TRUSTEE	1.00 0.	X					0.	0.	0.	
34) PATRICIA M. PAPPER TRUSTEE	1.00 0.	X					0.	0.	0.	
35) CAROLINA PINA TRUSTEE	1.00 0.	X					0.	0.	0.	
36) JEFFREY T. ROBERTS CHAIR OF INVESTMENT COMMITTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) RICHARD T. SANZ TRUSTEE	1.00 0.	X					0.	0.	0.	
(38) DIANE S. SEPLER TRUSTEE	1.00 0.	X					0.	0.	0.	
(39) RICHARD J. WURTMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(40) HOWARD HERRING PRESIDENT/CEO	60.00 0.				X		250,635.	0.	3,515.	
(41) JOHN KIESER EVP & PROVOST	60.00 0.				X		242,126.	0.	9,408.	
(42) DAVID PHILLIPS EVP & CFO	60.00 0.				X		239,995.	0.	9,306.	
(43) DOUGLAS MERILATT EVP OF ARTISTIC PLAN. & PROG.	60.00 0.				X		193,456.	0.	7,493.	
(44) MAUREEN O'BRIEN SVP FOR DEVELOPMENT	60.00 0.					X	162,706.	0.	6,184.	
(45) PAUL WOEHRLE VP FOR DEVELOPMENT	60.00 0.					X	146,828.	0.	5,580.	
(46) WILLIAM C. HALL VP COMMUNICATIONS	60.00 0.					X	123,389.	0.	4,630.	
(47) MICHELLE KUCHARCZYK VP OF BUSINESS DEVELOPMENT	60.00 0.					X	118,189.	0.	4,413.	
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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TODD HEUSTESS ----- A VP DEVELOPMENT	60.00 0.					X		115,315.	0.	4,310.
(49) JOSE LAMADRID ----- VP	60.00 0.					X		112,631.	0.	4,213.
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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(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	1,640,140.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,743,934.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,926,288.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			16,310,362.				
	Program Service Revenue		Business Code					
2a CONCERT REVENUES			711110	1,458,957.	1,458,957.			
b TOUR FEES			611600	57,500.	57,500.			
c APPLICATION FEES			611600	56,050.	56,050.			
d BOX OFFICE POSTAGE AND HANDLING			561000	46,081.	46,081.			
e NEW WORLD CENTER TOURS			711110	4,600.	4,600.			
f All other program service revenue				15,033.	15,033.			
g Total. Add lines 2a-2f				1,638,221.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 7			1,592,379.			1,592,379.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents		(i) Real					
			(ii) Personal					
				1,486,627.				
		b Less: rental expenses		2,103,240.				
	c Rental income or (loss)		-616,613.					
	d Net rental income or (loss)			-616,613.		-616,613.		
	7a Gross amount from sales of assets other than inventory		(i) Securities					
			(ii) Other					
				3,278,556.				
		b Less: cost or other basis and sales expenses		2,906,064.				
	c Gain or (loss)		372,492.					
	d Net gain or (loss)			372,494.			372,494.	
8a Gross income from fundraising events (not including \$ 1,640,140. of contributions reported on line 1c). See Part IV, line 18			ATCH 8					
	a		143,960.					
	b Less: direct expenses		478,910.					
c Net income or (loss) from fundraising events. ATCH 9			-334,950.			1,470,190.		
9a Gross income from gaming activities. See Part IV, line 19			a	0.				
	b Less: direct expenses		b	0.				
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances			a	0.				
	b Less: cost of goods sold		b	0.				
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a OTHER REVENUE				248,757.	248,757.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				248,757.				
12 Total revenue. See instructions.				19,210,650.	1,886,978.	-616,613.	3,435,063.	

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	1,547,985.	1,547,985.		
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	1,764,321.	817,759.	395,319.	551,243.
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	16,799.		16,799.	
c Accounting	70,989.	27,620.	43,369.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	318,372.	318,372.		
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	581,984.	555,984.		26,000.
13 Office expenses	129,509.		129,509.	
14 Information technology	285,671.	285,671.		
15 Royalties	75,714.	75,714.		
16 Occupancy	1,974,109.	1,974,109.		
17 Travel	275,826.	237,877.	29,856.	8,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	16,832.	8,401.	8,431.	
20 Interest	281,580.		281,580.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,296,272.	4,296,272.		
23 Insurance	51,858.	29,643.	22,215.	
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	5,358,159.	3,891,703.	751,271.	715,185.
b CONDUCTORS/SOLOIST/COACHES	1,741,668.	1,741,668.		
c ARTISTIC PROGRAMMING GENERAL	143,707.	143,707.		
d OTHER FELLOW COST	103,325.	103,325.		
e All other expenses	892,383.	456,636.	266,300.	169,447.
25 Total functional expenses. Add lines 1 through 24e	19,927,063.	16,512,446.	1,944,649.	1,469,968.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,381.	1	103,889.
	2 Savings and temporary cash investments	144,627.	2	830,448.
	3 Pledges and grants receivable, net	3,492,841.	3	6,665,265.
	4 Accounts receivable, net	85,644.	4	106,799.
	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	810,281.	9	751,852.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 191,562,255.			
	b Less: accumulated depreciation 10b 37,898,971.	156,858,912.	10c	153,663,284.
	11 Investments - publicly traded securities ATCH. 11	72,247,583.	11	74,962,829.
	12 Investments - other securities. See Part IV, line 11	18,022,303.	12	24,047,877.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	102,248.	14	100,111.
	15 Other assets. See Part IV, line 11	823,779.	15	486,851.
16 Total assets. Add lines 1 through 15 (must equal line 34)	252,589,599.	16	261,719,205.	
Liabilities	17 Accounts payable and accrued expenses	961,137.	17	956,008.
	18 Grants payable	0.	18	0.
	19 Deferred revenue ATCH. 12	879,668.	19	799,175.
	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	21,186,000.	23	22,589,226.
	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	23,026,805.	26	24,344,409.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	134,100,972.	27	129,831,681.
	28 Temporarily restricted net assets	14,074,182.	28	26,962,507.
	29 Permanently restricted net assets	81,387,640.	29	80,580,608.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	229,562,794.	33	237,374,796.
	34 Total liabilities and net assets/fund balances	252,589,599.	34	261,719,205.

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	19,210,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,927,063.
3	Revenue less expenses. Subtract line 2 from line 1	3	-716,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,562,794.
5	Net unrealized gains (losses) on investments	5	8,528,415.
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	237,374,796.

Part XII Financial Statements and Reporting

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

- 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?
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?
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? 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

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

2016

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (93.91%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (94.69%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b	A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
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.		
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.		
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 .		
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.		

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 (explain in Part VI). **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
FUNDRAISING	211,632.	221,126.	261,755.	165,490.	308,960.	1,168,963.
OTHER INCOME		53,135.	167,726.	37,391.	248,757.	507,009.
TOTALS	<u>211,632.</u>	<u>274,261.</u>	<u>429,481.</u>	<u>202,881.</u>	<u>557,717.</u>	<u>1,675,972.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 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.

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 [] 79.0000 %
c Temporarily restricted endowment [] 21.0000 %
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:

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	24,047,877.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	24,047,877.	

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

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	29,961,156.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 8,528,415.		
b	Donated services and use of facilities	2b 118,851.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 2,103,240.		
e	Add lines 2a through 2d		2e	10,750,506.
3	Subtract line 2e from line 1		3	19,210,650.
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	19,210,650.

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	22,149,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 118,851.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 2,103,240.		
e	Add lines 2a through 2d		2e	2,222,091.
3	Subtract line 2e from line 1		3	19,927,063.
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	19,927,063.

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 \$2,103,240 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, 2017, 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 2014.

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

Schools

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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?	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?	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	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	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?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on 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	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

2016

**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 10 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.
-
-
-
-
-
-
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-

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	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,784,100.		1,784,100.
	2	Less: Contributions	1,640,140.		1,640,140.
	3	Gross income (line 1 minus line 2)	143,960.		143,960.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	309,871.		309,871.
	8	Entertainment	62,131.		62,131.
	9	Other direct expenses	106,908.		106,908.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			478,910.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-334,950.	

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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)**

**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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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? 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 ▶

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. 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.	1,418,887.		BOOK VALUE	STIPEND
2	STIPEND (SUBSTITUTES) PROGRAM ACTIVITIES	301.	129,098.		BOOK VALUE	STIPEND
3						
4						
5						
6						
7						

Part IV Supplemental Information. 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.

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2016

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

Employer identification number
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

Only section 501(c)(3), 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?
- b** Any related organization?
- If "Yes" on 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?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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 aren't 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.

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (sub-columns: (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. Rows include Howard Herring, John Kieser, David Phillips, Douglas Merilatt, Maureen O'Brien, Paul Woehrle, and rows 7-16.

Part III Supplemental Information

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 O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2016

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Department of the Treasury
Internal Revenue Service

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

Name of the organization NEW WORLD SYMPHONY, INC

Employer identification number

C/O DAVID PHILLIPS

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

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C/O DAVID PHILLIPS

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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

FINANCIAL ANALYSIS

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

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ATTACHMENT 1 (CONT'D)

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

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'S 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 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.

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ATTACHMENT 2

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

THE FELLOWSHIP PROGRAM - FELLOWSHIP ACTIVITIES ARE STRUCTURED UNDER THE AREAS OF ORCHESTRAL PERFORMANCE AND MUSICIANSHIP, COMMUNITY AND AUDIENCE ENGAGEMENT, LEADERSHIP DEVELOPMENT AND WELLNESS. 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 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 70 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

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ATTACHMENT 2 (CONT'D)

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. SINCE NWS'S FOUNDING, MORE THAN
 1,000 ALUMNI HAVE GONE ON TO MAKE A DIFFERENCE IN COMMUNITIES AND
 ORGANIZATIONS WORLDWIDE.

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

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ATTACHMENT 3 (CONT'D)

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.

* 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
 MONTHLY OUTDOOR PRESENTATIONS ATTRACTS AN AVERAGE OF 2,000
 ATTENDEES.

* 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

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ATTACHMENT 3 (CONT'D)

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
 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

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ATTACHMENT 3 (CONT'D)

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 THEY 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.

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

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ATTACHMENT 4 (CONT'D)

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 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

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

Employer identification number
59-2809056

ATTACHMENT 4 (CONT'D)

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.

* **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

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

Employer identification number
59-2809056

ATTACHMENT 4 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SUPPORTING ACTIVITIES TO PROGRAMS		1,981,493.	
TOTALS		<u>1,981,493.</u>	

ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CRYSTAL & CO OF FLORIDA INC 600 BRICKELL AVE, STE 2575 MIAMI, FL 33131	INSURANCE	634,158.
ENLIGHTEN DIGITAL 4403 VINELAND ROAD, SUITE B6 ORLAND, FL 32811	BROADCAST EQUIPMENT	942,405.
ASKONAS HOLT 25 CLANCERY LANE LONDON UNITED KINGDOM W14 ONS	ARTIST SERVICES	693,227.
FPL GENERAL MAIL FACILITY MIAMI, FL 33188	UTILITIES	379,583.
THIERRY'S CATERING 915 NW 72ND STREET MIAMI, FL 33150	CATERING	389,222.

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

Employer identification number
59-2809056

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
DIVIDEND INCOME	1,592,379.			1,592,379.
TOTALS	<u>1,592,379.</u>			<u>1,592,379.</u>

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA INCOME	1,640,140.
TOTAL	<u>1,640,140.</u>

ATTACHMENT 9

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS</u> <u>INCOME</u>	<u>DIRECT</u> <u>EXPENSES</u>	<u>NET</u> <u>INCOME</u>
GALA INCOME	143,960.	478,910.	-334,950.
TOTALS	<u>143,960.</u>	<u>478,910.</u>	<u>-334,950.</u>

ATTACHMENT 10

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>
PREPAID EXPENSES	810,281.	751,852.
TOTALS	<u>810,281.</u>	<u>751,852.</u>

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

Employer identification number
59-2809056

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT-DOMESTIC EQUITIES	28,262,656.	36,395,296.	FMV
INVESTMENT-GLOBAL EQUITIES	26,605,293.	20,833,287.	FMV
INVESTMENT-MUTUAL BONDS	17,379,634.	17,734,246.	FMV
TOTALS	<u>72,247,583.</u>	<u>74,962,829.</u>	

ATTACHMENT 12

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	879,668.	799,175.
TOTALS	<u>879,668.</u>	<u>799,175.</u>

ATTACHMENT 13

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: REVOLVING LINE OF CREDIT - SUNTRUST
 ORIGINAL AMOUNT: 4,500,000.
 INTEREST RATE: 1.8900 %
 DATE OF NOTE: 07/13/2009
 MATURITY DATE: 06/26/2018
 REPAYMENT TERMS: INTEREST ONLY PAID MONTHLY AND PERIODIC PRINCIPAL
 SECURITY PROVIDED: CERTAIN ENDOWMENT INVESTMENTS
 PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE 1,786,000.
 ENDING BALANCE DUE 2,603,000.

LENDER: PROMISSORY NOTE - SUNTRUST
 ORIGINAL AMOUNT: 18,400,000.
 INTEREST RATE: 2.0600 %

Name of the organization C/O DAVID PHILLIPS	NEW WORLD SYMPHONY, INC	Employer identification number 59-2809056
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ATTACHMENT 13 (CONT'D)

DATE OF NOTE: 10/18/2011
 MATURITY DATE: 06/30/2018
 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	15,400,000.
ENDING BALANCE DUE	<u>14,550,000.</u>

LENDER: REVOLVING LINE OF CREDIT - SUNTRUST
 ORIGINAL AMOUNT: 4,000,000.
 INTEREST RATE: 1.8900 %
 DATE OF NOTE: 07/24/2012
 MATURITY DATE: 06/26/2018
 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	<u>4,000,000.</u>

LENDER: REVOLVING LINE OF CREDIT - SUNTRUST
 ORIGINAL AMOUNT: 1,500,000.
 INTEREST RATE: 1.8900 %
 DATE OF NOTE: 06/28/2016
 MATURITY DATE: 06/26/2018
 REPAYMENT TERMS: INTEREST ONLY PAID MONTHLY AND PERIODIC PRINCIPAL
 SECURITY PROVIDED: CERTAIN ENDOWMENT INVESTMENTS
 PURPOSE OF LOAN: FINANCE CAPITAL IMPROVEMENTS

BEGINNING BALANCE DUE	
ENDING BALANCE DUE	<u>1,436,226.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>21,186,000.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>22,589,226.</u>
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

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.

Employer identification number

59-2809056

Open to Public
Inspection

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 500 17TH STREET MIAMI BEACH, FL 33139 45-5001665	HOUSING	FL	-468,564.	0.	NONE
(2)						
(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) 2016

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.

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?

	Yes	No
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**

Provide additional information for responses to questions on Schedule R. See instructions.

RENT AND ROYALTY INCOME

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

DESCRIPTION OF PROPERTY			
NEW WORLD CENTER			
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		1,105,140.
TOTAL GROSS INCOME	.....	1,105,140.
OTHER EXPENSES:		
SEE ATTACHMENT		
DEPRECIATION (SHOWN BELOW)	757,009.	
LESS: Beneficiary's Portion	.....
AMORTIZATION		
LESS: Beneficiary's Portion	.....
DEPLETION		
LESS: Beneficiary's Portion	.....
TOTAL EXPENSES	.....	1,693,534.
TOTAL RENT OR ROYALTY INCOME (LOSS)	.....	-588,394.

Less Amount to

Rent or Royalty	.....
Depreciation	.....
Depletion	.....
Investment Interest Expense	.....
Other Expenses	.....
Net Income (Loss) to Others	.....
Net Rent or Royalty Income (Loss)	<u>-588,394.</u>

Deductible Rental Loss (if Applicable)

(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									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	<u>1,105,140.</u>
	<u>1,105,140.</u>

OTHER DEDUCTIONS

INSURANCE	92,062.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	40,065.
SUPPLIES	13,075.
UTILITIES	57,071.
SALARIES/EMPLOYEE RELATED EXPENSES	639,589.
OTHER	<u>94,663.</u>
	<u>936,525.</u>

RENT AND ROYALTY INCOME

Taxpayer's Name NEW WORLD SYMPHONY, INC	Identifying Number 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		381,487.	
TOTAL GROSS INCOME			381,487.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)		117,695.	
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			409,706.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-28,219.

Less Amount to

Rent or Royalty	_____
Depreciation	_____
Depletion	_____
Investment Interest Expense	_____
Other Expenses	_____
Net Income (Loss) to Others	_____
Net Rent or Royalty Income (Loss)	-28,219.

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									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	<u>381,487.</u>
	<u>381,487.</u>

OTHER DEDUCTIONS

CLEANING	11,094.
INSURANCE	11,702.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	12,180.
SUPPLIES	12,893.
TAXES	81,406.
UTILITIES	44,907.
SALARIES/EMPLOYEE RELATED EXPENSES	90,131.
OTHER DIRECT RENTAL EXPENSES	<u>27,698.</u>
	<u>292,011.</u>

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
NEW WORLD CENTER	1,105,140.	757,009.	936,525.	-588,394.
ALTON POINTE	381,487.	117,695.	292,011.	-28,219.
TOTALS	<u>1,486,627.</u>	<u>874,704.</u>	<u>1,228,536.</u>	<u>-616,613.</u>

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ 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.

2016

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 2015 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	3,278,556.	2,906,064.		372,492.
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 2015 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 ▶				16 372,492.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2016

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss) ,	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		372,492.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss) . Combine lines 17 and 18a. ▶	19		372,492.

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 **don't** 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 ()

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 \$2,550	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 \$12,400	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% (0.15) ▶	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% (0.20) ▶	41		
42	Figure the tax on the amount on line 27. Use the 2016 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 2016 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 NEW WORLD SYMPHONY, INC	Social security number or taxpayer identification number 59-2809056
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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.

- (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 **wasn't** 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 <i>Column (e)</i> 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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VANGUARD TOTAL STOCK MARKET INDEX (VTI)			2,476.				2,476.
	EIC LARGE CAP VALUE			139,440.				139,440.
	AMI LARGE CAP GROWTH				9,986.			-9,986.
	CHARTWELL MID CAP VALU			192,017.				192,017.
	CONGRESS MID CAP GROWT			39,460.				39,460.
	KAYNE ANDERSON SMALL CAP QUALITY VALUE			37,020.				37,020.
	APEX SMALL CAP GROWTH				6,963.			-6,963.
	LAZARD INTERNATIONAL EQUITY SELECT ADR				112,677.			-112,677.
	HARDING LOEVNER INTERNATIONAL EQUIT			185,564.				185,564.
	LAZARD EMERGING MARKET			90,729.				90,729.
	BLACKROCK INTERMEDIATE FIXED (COLLATERAL)			134,191.				134,191.
	BLACKSTONE ALT MULTI-STRATEGY (BXM			56,794.				56,794.
	BLACKROCK L/S GLOBAL CREDIT (BGCIX)			28,221.				28,221.
	DEPOSIT & DISBURSEMENT ACCOUNT				30.			-30.
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)▶				3,278,556.	2906064.			372,492.

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

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.

(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 **wasn't** 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 <i>Column (e)</i> 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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ABERDEEN EMERGING MKTS (ABEMX)				156,490.			-156,490.
	AMERICAN BEACON SMALL CAP VALUE (AVFIX)				184,314.			-184,314.
	ARTISAN INTERNATIONAL (APHIX)				501,283.			-501,283.
	CAUSEWAY INT'L VALUE (CIVIX)				1,121,358.			-1121358.
	DFA US SMALL CAP (DFSTX)			38,546.				38,546.
	JANUS TRITON (JSMGX)			202,738.				202,738.
	JOHN HANCOCK (JHAIX)				574,091.			-574,091.
	LONGFELLOW - COLLATERA ACCT B				2,643.			-2,643.
	MET WEST - COLLATERAL ACCT A (MWTIX)			53,922.				53,922.
	MET WEST - COLLATERAL ACCT B (MWTIX)			42,390.				42,390.
	MET WEST CULTURAL ENDOWMENT (MWTIX)			24,489.				24,489.
	MFS GLOBAL (MWEIX)			1,900,876.				1,900,876.
	OPPENHEIMER DEVELOPING MKTS (ODVYX)				205,694.			-205,694.
	TCW EMERGING MARKETS DEBT (TGEIX)				30,535.			-30,535.
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.

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

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

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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.

- (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 **wasn't** 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 <i>Column (e)</i> 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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VANGUARD RUSSELL 1000			109,683.				109,683.
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

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017.

2016

Department of the Treasury Internal Revenue Service

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).

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

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 No. J The books are in care of DAVID PHILLIPS Telephone number 305-428-6751.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41 b Other credits (see instructions). 41 c General business credit. Attach Form 3800 (see instructions) 41 d Credit for prior year minimum tax (attach Form 8801 or 8827). 41 e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45 a Payments: A 2015 overpayment credited to 2016 45 b 2016 estimated tax payments 45 c Tax deposited with Form 8868. 45 d Foreign organizations: Tax paid or withheld at source (see instructions) 45 e Backup withholding (see instructions) 45 f Credit for small employer health insurance premiums (Attach Form 8941) 45 g Other credits and payments: Form 2439 Other Form 4136 Total 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded

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

51 At any time during the 2016 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 52 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. 53 Enter the amount of tax-exempt interest received or accrued during the tax year

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.

Sign Here DAVID PHILLIPS 10/10/2017 EVP & CFO Signature of officer Date 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 ANA CUNILL Preparer's signature Date 10/10/2017 Check [] if self-employed PTIN P00959165 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 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		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		Yes No
			to the organization?		<input type="checkbox"/> <input checked="" type="checkbox"/>

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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	ATTACHMENT 1
(1)	1,105,140.	936,525.
(2)	381,487.	292,011.
(3)		
(4)		
Total	Total 1,486,627.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
1,486,627.		1,228,536.

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)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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.

Totals

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

Table with 5 columns: 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).

Totals

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

Table with 7 columns: 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, 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).

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 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. ▶						
	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.
Totals, Part II (lines 1-5) ▶						

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)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 1

FACILITY RENTAL

INTEREST	40,065.
INSURANCE	92,062.
SUPPLIES	13,075.
UTILITIES	57,071.
SALARIES/EMPLOYEE RELATED EXPENSES	639,589.
OTHER RENTAL SERVICING COST	94,663.
TOTAL	<u>936,525.</u>

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 2

ALTON POINTE

INTEREST	12,180.
REPAIRS & MAINTENANCE	11,094.
INSURANCE	11,702.
SUPPLIES	12,893.
TAXES	81,406.
UTILITIES	44,907.
SALARIES/EMPLOYEE RELATED EXPENSES	90,131.
OTHER RENTAL SERVICING COST	27,698.
TOTAL	<u>292,011.</u>

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
EDWARD MANNO SHUMSKY 500 17TH STREET MIAMI BEACH, FL 33139	CHAIRPERSON	0	0.
ADAM CARLIN 500 17TH STREET MIAMI BEACH, FL 33139	VC/CHAIR OF DEVELOPMENT COMM	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.
IRA M. BIRNS 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
OLGA BLAVATNIK 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
KATHERINE BORMANN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
TANYA CAPRILES DE BRILLEMBOURG 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
MATTHEW W. BUTTRICK 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	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.
ROSE ELLEN GREENE 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MATT HAGGMAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
HARRY M. HERSH 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
NEISEN O. KASDIN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
GERALD KATCHER 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
WILLIAM KLEH 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
RICHARD L. KOHAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
ENRIQUE LERNER 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.

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
L. MICHAEL ORLOVE 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
WILLIAM M. OSBORNE III 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
STEPHEN L. OWENS 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
PATRICIA M. PAPPER 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
CAROLINA PINA 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.
RICHARD J. WURTMAN 500 17TH STREET MIAMI BEACH, FL 33139	TRUSTEE	0	0.
HOWARD HERRING 500 17TH STREET MIAMI BEACH, FL 33139	PRESIDENT/CEO	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JOHN KIESER 500 17TH STREET MIAMI BEACH, FL 33139	EVP & PROVOST	0	0.
DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139	EVP & CFO	0	0.
DOUGLAS MERILATT 500 17TH STREET MIAMI BEACH, FL 33139	EVP OF ARTISTIC PLAN. & PROG.	0	0.
MAUREEN O'BRIEN 500 17TH STREET MIAMI BEACH, FL 33139	SVP FOR DEVELOPMENT	0	0.
PAUL WOHRLE 500 17TH STREET MIAMI BEACH, FL 33139	VP FOR DEVELOPMENT	0	0.
WILLIAM C. HALL 500 17TH STREET MIAMI BEACH, FL 33139	VP COMMUNICATIONS	0	0.
MICHELLE KUCHARCZYK 500 17TH STREET MIAMI BEACH, FL 33139	VP OF BUSINESS DEVELOPMENT	0	0.
TODD HEUSTESS 500 17TH STREET MIAMI BEACH, FL 33139	A VP DEVELOPMENT	0	0.
JOSE LAMADRID 500 17TH STREET MIAMI BEACH, FL 33139	VP	0	0.

TOTAL COMPENSATION

0.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAND	01/01/2011	11165000.	100.000											
BUILDING	01/01/2011	165316015.	100.000			165316015.	21095642.	25161051.	SL	MM		39		4,065,409.
EQUIPMENT	01/01/2012	13108029.	100.000			13108029.	11635258.	12571931.	200DB	HY		5		936,673.
FURNITURE & EQUIPM	04/15/2016	1,973,213.	100.000			1,973,213.		165,991.	SL				5.000	165,991.
Less: Retired Assets														
Subtotals		191562257.				180397257.	32730900.	37898973.						5,168,073.
Listed Property														
Less: Retired Assets														
Subtotals														
TOTALS		191562257.				180397257.	32730900.	37898973.						5,168,073.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Ending Accumulated amortization	Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired