Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2017	calendar year, or tax year beginning	07/01, 2017 ,	, and ending			06	/30, 20 18			
_			C Name of organization NEW WORLD	SYMPHONY, INC		D	Employer iden	tificat	tion number			
В	Check if a	pplicable:	C/O DAVID PHILLIPS				59-2809	056				
	Addre		Doing business as									
	- 1 -	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nun	nber				
	Initial	return	500 17TH STREET			((305) 428-6700					
		return/	City or town, state or province, country, a	and ZIP or foreign postal code	I		· · · · · · · · · · · · · · · · · · ·					
	- termii Amen	nded	MIAMI BEACH, FL 33139			G	Gross receipts	\$	17,133,6	88.		
		cation	F Name and address of principal officer:	DAVID PHILLIPS			(a) Is this a grou	p returr		No		
	pendi	ing	500 17TH STREET MIAMI			н	subordinates? (b) Are all subordin			No		
$\overline{}$	Тах-ех	empt st	11) (insert no.) 4947(a)(1)	or 527		. ,		st. (see instructions)			
÷			WWW.NWS.EDU) (iliseit lio.) 4947 (a)(1)	01 327		(c) Group exemp					
<u></u>				Association Other N	1 Van ef		.,		of legal domicile:	FL		
_				Association Other	L Year or	iormation	: 1007 W S	iale (or regai domicile:			
P	art l		ımmary		EM MODID	CAMDI	IONIX AMI	DTC	CALC ONLY			
			y describe the organization's mission or						LA 5 UNLI			
Governance			L-TIME ORCHESTRAL ACADEM	•								
rna			IC PROGRAMS FOR SUCCESSE									
Š	2			iscontinued its operations or dispose			1	- 1	,	2.6		
Ğ	3		per of voting members of the governing					3		36.		
Activities &	4		per of independent voting members of the					4		36.		
iti.	5		number of individuals employed in cale					5		02.		
댨	6	Total	number of volunteers (estimate if necess	sary)				6		91.		
ď	7a	Total	unrelated business revenue from Part VI	III, column (C), line 12				7a	-847,10)5.		
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34				7b	-847,10)5.		
						F	Prior Year		Current Year			
Ф	8	Contri	ibutions and grants (Part VIII, line 1h) .			16	6,310,362	2.	10,034,2	32.		
Revenue	9		am service revenue (Part VIII, line 2g) .			1	1,638,22	1.	1,709,2	71.		
eve	10		tment income (Part VIII, column (A), line			1	1,964,87	3.	3,929,5	06.		
ď	11		revenue (Part VIII, column (A), lines 5,				-702,80	6.	-1,183,8			
	12		revenue - add lines 8 through 11 (must			19	9,210,650		14,489,1			
_	13		s and similar amounts paid (Part IX, colu				1,547,98	_	1,525,2			
	14		fits paid to or for members (Part IX, colu					0.		0.		
	4-		es, other compensation, employee bene			1	1,764,32	1.	1,279,3	06.		
Expenses	16 2		ssional fundraising fees (Part IX, column					0.		0.		
pen	lua	Total	fundraising expenses (Part IX, column (I	(A), line (25) (A)								
Ě	17		expenses (Part IX, column (A), lines 11:			1 6	6,614,75°	7	17,780,7			
							9,927,06		20,585,3			
	18		expenses. Add lines 13-17 (must equal				-716,41	_	-6,096,1			
<u> </u>	19	Rever	nue less expenses. Subtract line 18 from	1 line 12		Paginnin	g of Current Y	_	End of Year			
tso							<u> </u>			7.2		
Net Assets or Fund Balances	20		assets (Part X, line 16)				1,719,20		258,976,2			
A P	21		liabilities (Part X, line 26)				4,344,40		23,956,53			
			ssets or fund balances. Subtract line 21	from line 20		23	7,374,79	٥.	235,019,73	36.		
	art II		gnature Block									
Un	ider per	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompanying sched	ules and statem	nents, and	to the best of	my kı	nowledge and belief	, it is		
	-,	T	(,	Ĭ					
o:.							12/03	3/20)18			
Sig	-		Signature of officer				Date					
He	re		DAVID PHILLIPS	EVP &	CFO							
			Type or print name and title									
_		Print/	Type preparer's name	Preparer's signature	Date		Check	if P	TIN			
Pai		MICI	HAEL H NOVAK				self-employe	d	P01074800			
	parer	Firm's	s name ▶MARCUM, LLP			Fi	rm's EIN ▶ 1	1-1	986323			
Use	Only		s address DONE SE THIRD AVENUE, SUIT	E 1100 MIAMI, FL 33131			···· · · ·		995-9600			
Ma	y the		liscuss this return with the preparer)				11	No		
			Reduction Act Notice, see the separate	,					Form 990 (2			
	· upu			uouo					1 01111 0 0 0 (2			

NEW WORLD SYMPHONY, INC 59-2809056 Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 6,715,446. including grants of \$ 1,525,253.) (Revenue \$ ATTACHMENT **4b** (Code:) (Expenses \$ 6,562,822. including grants of \$ ATTACHMENT) (Expenses \$) (Revenue \$ 4c (Code: 152,624. including grants of \$ ATTACHMENT 4

ATTACHMENT 5 4d Other program services (Describe in Schedule O.) 1,831,486. including grants of \$

) (Revenue \$

4e Total program service expenses ▶ 15,262,378.

Form **990** (2017)

(Expenses \$

Form 990 (2017) Page **3**

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		3.7	
_	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	Х	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	па	21	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII.	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		T	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ

Form 990 (2017) Page 4

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

Form 990 (2017) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 145 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions?......... b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966?............... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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NEW WORLD SYMPHONY, INC 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 36	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_)	
0000	on bit onoice (This coolien b requeste information about poince net required by the internal Neventae	0000	·/ Yes	No
40-	Did the expenientian have level shorters branches as effiliates?	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b		12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Χ	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	IVa		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Socti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed Ft., NY,	F04/	.)(0)	- u I: N
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record	s: ►		

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

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	box,	unles	Pos heck ss pe	osition ok more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)EDWARD MANNO SHUMSKY	5.00									
CHAIRPERSON	0.	Х		Х				0.	0.	0
(2)ADAM CARLIN	1.00									
VICE CHAIRPERSON	0.	Х		Х				0.	0.	0
(3)MARIO DE ARMAS	1.00									
VC/TREASURER/CHAIR OF FIN COMM	0.	Х		Х				0.	0.	0
(4)ROBERT MOSS	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(5)SARI AGATSTON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(6)TRACEY ROBERTSON CARTER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(7)SHELDON T. ANDERSON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)MADELEINE ARISON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)SARAH S. ARISON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10)IRA M. BIRNS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(11)OLGA BLAVATNIK	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)KATHERINE BORMANN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13) TANYA CAPRILES DE BRILLEMBOURG	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)MATTHEW W. BUTTRICK	1.00									
TRUSTEE	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	oye	es,	and I	lig	hest Compensat	ated Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than tor/trust tor/trust e mployee	an	(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			
						ted							
15) BRUCE E. CLINTON	1.00												
CHAIR OF FACILITIES COMMITTEE	0.	X						0.	0.	0.			
16) JUDITH RODIN	1.00												
TRUSTEE	0.	X						0.	0.	0.			
17) MARK KINGDON	1.00												
TRUSTEE	0.	X						0.	0.	0.			
18) HOWARD FRANK	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
19) JOHN J. GERAGHTY	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
20) ROSE ELLEN GREENE	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
21) MATT HAGGMAN	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
22) HARRY M. HERSH	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
23) NEISEN O. KASDIN	1.00												
TRUSTEE	0.	Х						0.	0.	0.			
24) GERALD KATCHER	1.00												
TRUSTEE	†ō.	Х						0.	0.	0.			
25) WILLIAM KLEH	1.00												
TRUSTEE	†ō.	Х						0.	0.	0.			
1b Sub-total								0.	0.	0.			
c Total from continuation sheets to Part VII, S	ection A		• •	• •				1,630,393.	0.	145,764.			
d Total (add lines 1b and 1c)	_				: :			1,630,393.	0.	145,764.			
2 Total number of individuals (including but not	limited to t	hose	liste				o re			-,			
reportable compensation from the organizatio	n ▶	1()										
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru <i>ivid</i>	uste ual	e, 	key e	emp	oloyee, or highes	t compensated	Yes No			
 4 For any individual listed on line 1a, is the organization and related organizations graindividual 5 Did any person listed on line 1a receive or 	eater than	\$15 	0,0 • •	00?	· 11	"Yes	s,"	complete Schedu	le J for such	4 X			
5 Did any person listed on line 1a receive or	acciue co	mpen	sall	UII	II OU	папу	un	related organizati	on or marvidual				

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.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(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 ► 7

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	d
26) RICHARD L. KOHAN	1.00											
CHAIR OF INVESTMENT COMMITTEE	0.	Х						0.	0.			0.
27) ENRIQUE LERNER	1.00											
TRUSTEE	0.	Х						0.	0.			0.
28) ALAN LIEBERMAN	1.00								_			
TRUSTEE	0.	Х						0.	0.			0.
29) WILLIAM L. MORRISON	1.00								_			
TRUSTEE	0.	Х						0.	0.			0.
30) L. MICHAEL ORLOVE	1.00											0
TRUSTEE	0.	X						0.	0.			0.
31) WILLIAM M. OSBORNE III	1.00											0
CHAIR OF DEVELOPMENT COMMITTEE	0.	Х						0.	0.			0.
32) STEPHEN L. OWENS	1.00											0
TRUSTEE	1.00	X						0.	0.			0.
33) PATRICIA M. PAPPER TRUSTEE	1.00	X						0.	0.			0.
34) CAROLINA PINA	1.00	Λ						0.	0.			
TRUSTEE	1.00	Х						0.	0.			0.
35) DIANE S. SEPLER	1.00	21						0.	0.			
TRUSTEE	1.00	Х						0.	0.			0.
36) RICHARD J. WURTMAN	1.00								Ŭ .			
TRUSTEE	0.	Х						0.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S	oction A		• •		٠.							
d Total (add lines 1b and 1c)												
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	3, "	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors	الحاجوسوس	- d - :- :	- ا- ص			tua - 4 ·	na 1	hat massive due	than #100 000	.£		
1 Complete this table for your five highest com- compensation from the organization. Report of												

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 \blacktriangleright

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and I	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of the street than the	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	(F) stimated mount of other apensation the janizatio d related anizatior	f on on d
27) HOMADD HEDDING	60.00					ted						
37) HOWARD HERRING PRESIDENT/CEO	60.00	1		X				239,795.	0.		13,5	: n a
38) DAVID PHILLIPS	60.00			Λ				233,733.	0.		10,0	100.
EVP & CFO	0.	1		Х				232,875.	0.		18,0)74.
39) JOHN KIESER	60.00							,				
EVP & PROVOST	0.	1			Х			233,810.	0.		18,0)27.
40) DOUGLAS MERILATT	60.00											
EVP OF ARTISTIC PLAN. & PROG.	0.				Х			186,271.	0.		16,0)47.
41) MAUREEN O'BRIEN	60.00											
SVP FOR DEVELOPMENT	0.				Х			153,750.	0.		14,5	31.
42) PAUL WOEHRLE	60.00	1						100 -00				
VP FOR DEVELOPMENT	0.				X			138,780.	0.		13,8	39.
43) HUMBERTO ORTEGA AVP OF ACCOUNTING AND HR	60.00	-				37		115 000			1 / 5	10
44) WILLIAM C. HALL	60.00					X		115,000.	0.		14,5	142.
VP COMMUNICATIONS	0.00	1				X		114,536.	0.		12,4	168
45) MICHELLE KUCHARCZYK VP OF BUSINESS DEVELOPMENT	60.00					X		108,150.	0.		12,4	
46) TODD HEUSTESS	60.00					71		100,130.	· ·		12,	
A VP DEVELOPMENT	0.	1				X		107,426.	0.		12,2	277.
								,				
1b Sub-total	limited to t	hose	liste	 	bove	 	 ▶ ▶ D re 	eceived more than	\$100,000 of			
reportable compensation from the organization	n >	10)								, ,	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	003	. If	"Yes	5," (complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	uni	related organizati	on or individual	5		X
Section B. Independent Contractors												

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

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

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

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Statement of Revenue Check if Schedule O contain Part VIII

- 41		Check if Schedule O co	ontains a respor	nse or note to an	y line in this Part VII	1		X
			1 22		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
3rar our	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		3,003,370.				
	d	Related organizations						
	е	Government grants (contribu		2,104,359.				
er S	f	All other contributions, gifts,	·					
Program Service Revenue and Othe		and similar amounts not included	-	4,926,553.				
ont nd (g	Noncash contributions included i	in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		▶	10,034,282.			
Jue				Business Code				
š	2a	CONCERT REVENUES		711110	1,523,508.	1,523,508.		
ž	b	APPLICATION FEES		611600	45,280.	45,280.		
Κį	С	BOX OFFICE POSTAGE AND HA	NDLING	561000	56,708.	56,708.		
Ser	d	NEW WORLD CENTER TOURS		711110	6,105.	6,105.		
E	e	OTHER		711110	77,670.	77,670.		
g	f	All other program service rev	renue					
P	g	Total. Add lines 2a-2f		▶	1,709,271.			
	3	Investment income (inc	cluding dividen	ds, interest,				
		and other similar amounts).	ATTACHMENT	.7	1,840,738.			1,840,738.
	4	Income from investment of			0.			
	5	Royalties	•		0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	1,178,007.					
	b	Less: rental expenses	2,025,112.					
	c	Rental income or (loss)	-847,105.					
	d	Net rental income or (loss).		▶	-847,105.		-847,105.	
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,162,744.					
	b	Less: cost or other basis						
		and sales expenses	73,976.					
	С	Gain or (loss)	2,088,768.					
	d	Net gain or (loss)		▶	2,088,768.			2,088,768.
m	8a	Gross income from fundra	nisina					
ğ		events (not including \$3		ATCH 8				
e ve		of contributions reported on						
F.		See Part IV, line 18	,	170,543.				
Other Revenue	b	Less: direct expenses	b	545,415.				
J	С	Net income or (loss) from fu	ndraising events.	ATCH 9 ▶	-374,872.			
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b	Less: direct expenses Net income or (loss) from g		—	0.			
		, ,	•					
	10a	returns and allowances	a					
	b c	Less: cost of goods sold Net income or (loss) from sa	b les of inventory		0.			
		Miscellaneous Revenu	е	Business Code				
	11a	OTHER REVENUE			38,103.	38,103.		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d .			38,103.			
	12	Total revenue. See instruction	ns	▶	14,489,185.	1,747,374.	-847,105.	3,929,506.

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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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	1,525,253.	1,525,253.		
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,	1 000 000	500 500	225 224	405 000
	trustees, and key employees	1,279,306.	538,589.	335,384.	405,333.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):	0.			
	Management	24,050.		24,050.	
	Legal	73,211.	27,461.	45,750.	
	Accounting	0.	27,401.	43,730.	
	I Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	334,346.	334,346.		
	f Investment management fees	331/310.	331/310.		
9	Other. (If line 11g amount exceeds 10% of line 25, column	322,185.	322,185.		
40	(A) amount, list line 11g expenses on Schedule O.).	581,756.	322/100.		581,756.
	Advertising and promotion	166,300.	2,985.	157,794.	5,521.
14	Office expenses	266,573.	266,573.	10171311	0,021.
	Royalties	75,293.	75,293.		
	Occupancy	1,361,825.	1,313,474.	48,351.	
	Travel	203,678.	181,773.	8,875.	13,030.
	Payments of travel or entertainment expenses	·	,	,	·
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	19,158.	19,098.	60.	
	Interest	333,374.		333,374.	
21		0.			
22		4,449,635.	4,449,635.		
	Insurance	150,279.	6,208.	144,071.	
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.)				
а	LEASED EMPLOYEES	6,410,466.	3,730,436.	892,057.	1,787,973.
	CONDUCTORS/SOLOIST/COACHES	1,344,752.	1,344,752.		
•	ARTISTIC PROGRAMMING GENERAL	554,318.	554,318.		
d	OTHER FELLOW COST	41,621.	41,621.		
е	All other expenses	1,067,923.	528,378.	335,392.	204,153.
	Total functional expenses. Add lines 1 through 24e	20,585,302.	15,262,378.	2,325,158.	2,997,766.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraicing calcitation. Check hors.				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			103,889.	1	13,312.
	2	Savings and temporary cash investments			830,448.	2	7,343.
	3	Pledges and grants receivable, net			6,665,265.	3	4,106,868.
	4	Accounts receivable, net			106,799.	4	87,287.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu					
S		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges		ATCH.10	751,852.	9	1,104,621.
	10 a	Land, buildings, and equipment: cost or					
				192,937,558.			
	b	Less: accumulated depreciation	10b	43,083,666.	153,663,284.		149,853,892.
	11	Investments - publicly traded securities			74,962,829.	11	79,086,469.
	12	Investments - other securities. See Part IV, line 11	24,047,877.		24,716,481.		
	13	Investments - program-related. See Part IV, line 17	0.	13	0.		
	14	Intangible assets	100,111.	14	0.		
	15	Other assets. See Part IV, line 11	486,851.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equal			261,719,205.	16	258,976,273.
	17	Accounts payable and accrued expenses			956,008.	17	1,384,768.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	799,175.	19	731,769.		
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
Ξ		trustees, key employees, highest compen			0.		0.
E.	22	disqualified persons. Complete Part II of Schedule	L		22,589,226.		21,840,000.
	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,			· ·	24	
	25	parties, and other liabilities not included on lines					
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			24,344,409.	26	23,956,537.
_	20	Organizations that follow SFAS 117 (ASC 958),				20	
es		complete lines 27 through 29, and lines 33 and	34.	There > and			
ũ	27	Unrestricted net assets			129,831,681.	27	125,862,535.
3ala	28	Temporarily restricted net assets			26,962,507.	28	28,277,056.
힏	29	Permanently restricted net assets			80,580,608.	29	80,880,145.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
S O	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equ	 Jinmer			31	
As	32	Retained earnings, endowment, accumulated incomment	ome .	or other funds		32	
let	33	Total net assets or fund balances			237,374,796.	33	235,019,736.
~	34	Total liabilities and net assets/fund balances			261,719,205.	34	258,976,273.
	U- T	Total habilities and net assets/fully balances, , ,	• • •		201, 113,200.	54	Earm 990 (2017)

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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			89,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			85,3	
3	Revenue less expenses. Subtract line 2 from line 1	3				17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	237,374,796.		
5	Net unrealized gains (losses) on investments	5		3,7	41,0)57.
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	23	5,0	19,7	36.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				3.7	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		٠ ١		Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc		"":	2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in			X
	the Single Audit Act and OMB Circular A-133?		-	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		3b	000	

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
20 17
Open to Public
Inspection

Name of the organization NEV

NEW WORLD SYMPHONY, INC

59-2809056

Employer identification number

Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Χ	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	-	· ·	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe			-			
9		An agricultural research or	=			-	=	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and u	unctions - subject to on nrelated business tax	certain e able inco	xception me (less	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly su	· ·					
	_	_Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b	L	☐ Type II. A supporting org	•					
		control or management o			the sam	e persor	ns that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L							lly integrated with,
	_	its supported organizatior		-				
d	L				-			
		that is not functionally into	•	•	•		•	d an attentiveness
	Г	requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
		functionally integrated, or					ion.	
t		ter the number of supported						
<u> 9</u>		ovide the following information		(iii) Type of organization			(A) A	(vi) Amount of
	(1) 1	lame of supported organization	(ii) EIN	(described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	 al							

Schedule A (Form 990 or 990-EZ) 2017 Page **2**

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	0.	0.	0.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3						0.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						0.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						0.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		•			l l	
14	Public support percentage for 2017 (li						<u>%</u>
15	Public support percentage from 2016					15	<u>%</u>
16a	331/3% support test - 2017. If the org	_					
L	box and stop here . The organization quality 33 1/3 % support test - 2016. If the organization						
D	this box and stop here . The organization						
172	10%-facts-and-circumstances test - 2	•		•			
ı / a	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						-
	supported organization				_	•	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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.)

Sec	tion A. Public Support			, 1	•	,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(3) 20 1 1	(0) 2010	(a) 2010	(0) 2011	(i) rotai
'							
_	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						
7 a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	• • • • • • • • • • • • • • • • • • • •	(4) 2010	(5) 2014	(0) 2010	(u) 2010	(6) 2017	(i) rotai
9 10 a	Amounts from line 6						
IVa	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						
С	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 f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						`.`▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8	•	•	mn (f))		15	%
16	Public support percentage from 2016 Sche	. ,	•	(//		16	%
	tion D. Computation of Investmen					1	
17	Investment income percentage for 2017 (li			13 column (f))		17	%
18	Investment income percentage for 2017 (in					18	%
ıya	331/3% support tests - 2017. If the org	-					. \square
	17 is not more than 331/3 %, check th	-	-	•		•	
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20 JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
	1 1.000	1 10 10				scnedule A (Form 9	990 or 990-EZ) 2017
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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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng b <i>y</i>			
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	3b		
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to	10a		
	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2017

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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).			
C = =4:		1		
Secti	on D. All Type III Supporting Organizations		Vaa	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
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			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes." describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: ii 163, describe iii F art vi the fole played by the Organization III this fedalu.	่งเ		I .

Schedule A (Form 990 or 990-EZ) 2017 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(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
		(A) FIIOI Teal	(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-functionall	y integra	ited Type III supporting	g organization (see
instructions).			• •

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
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 resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
C	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h						

Schedule A (Form 990 or 990-EZ) 2017

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2013.... Excess from 2014.... Excess from 2015.... d Excess from 2016.... Excess from 2017....

and 4c.

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization NEW WORLD SYMPHONY, INC Employer identification number

C/(D DAVID PHILLIPS			59-280	9056	
Pa	rt I Organizations Maintaining Donor Adv			or Accounts.		
	Complete if the organization answered			_		
		(a) Donor advise	ed funds	(b) Funds	and other account	ts
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 tha	t the assets he	ld in donor advis	sed	_
	funds are the organization's property, subject to the	organization's exclusive	e legal control?		Yes _	No
6	Did the organization inform all grantees, donors, a	ind donor advisors in w	riting that grant	funds can be us	sed	
	only for charitable purposes and not for the bene-	fit of the donor or dono	or advisor, or for	any other purpo	ose	
	conferring impermissible private benefit?		<u> </u>		L Yes	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the	· · ·				
	Preservation of land for public use (e.g., rec	reation or education)		on of a historically	•	area
	Protection of natural habitat		Preservation	on of a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conservat	tion contribution			
	easement on the last day of the tax year.				the End of the Ta	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified		` '	2c		
d	Number of conservation easements included in (c	•				
_	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tran	isferred, released, extinç	guished, or term	ninated by the or	ganization duri	ng the
	tax year >		4			
4	Number of states where property subject to conse			ation bonding	o.f	
5	Does the organization have a written policy required the company of the company o			_		□ . .
6	violations, and enforcement of the conservation ear					└─ No
0	Staff and volunteer hours devoted to monitoring, inspec	ling, nandling of violations	s, and emorcing c	onservation easem	ents during the y	ear
7	Amount of expenses incurred in monitoring, inspect	ting handling of violation	ns and enforcing	conservation ear	sements during	the vear
'	S	ing, nanding of violation	is, and emorcing	Conservationeas	sements during	ille year
8	Does each conservation easement reported on line 2	2(d) ahove satisfy the red	uirements of se	ction 170(h)(4)(B)	ı(i)	
•	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports					110
•	balance sheet, and include, if applicable, the text of			•		е
	organization's accounting for conservation easeme		,			
Pa	rt III Organizations Maintaining Collections			ner Similar Ass	ets.	
	Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 8.			
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), no	ot to report in it	s revenue staten	nent and baland	ce shee
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	er assets held for publi	ic exhibition, ed	ducation, or rese	earch in further	ance of
h	If the organization elected, as permitted under \$					se sheet
b	works of art, historical treasures, or other similar public service, provide the following amounts relati	ar assets held for publi				
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
	(ii) Assets included in Form 990, Part X				\$ 40	00,000
2	If the organization received or held works of a				ncial gain, pro	vide the
	following amounts required to be reported under S	FAS 116 (ASC 958) rela	ating to these ite	ms:		
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				▶ \$	

Schedule D (Form 990) 2017

	t III Organizations Maintaini	ing Collections of	f Art Historical T	roscurse or (Other Similar Acc	oto (conti	Page Z
Par 3	Using the organization's acquisiti		· · · · · · · · · · · · · · · · · · ·	·		•	
3			other records, chec	k any or the roll	owing that are a sig	mincant us	e or its
_	collection items (check all that app	oly):	-				
a	X Public exhibition			or exchange prog	Jrams		
b	Scholarly research		e Other				
C	Preservation for future gene			the confirmation of the confirmation		. 4	in Don't
4	Provide a description of the orga	inization's collection	s and explain now	tney further the	organization's exem	ot purpose	in Part
_	XIII.	11. 14			0 1 1		
5	During the year, did the organizati						77
_	assets to be sold to raise funds rat		ained as part of the	organization's co	llection?	Yes	X No
Par	t IV Escrow and Custodial A		-" 000 D			-t	_
	Complete if the organiza	ition answered "Ye	s" on Form 990, P	art IV, line 9, or	reported an amou	it on Form	1
	990, Part X, line 21.				h		
1 a	Is the organization an agent, trust						— . .
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement	in Part XIII and com	plete the following tal	ole:	<u> </u>		
					Amount		
	Beginning balance						
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an an				_	Yes	No
	If "Yes," explain the arrangement	in Part XIII. Check h	ere if the explanation	n has been provide	ed on Part XIII		
Par							
	Complete if the organiza						
		(a) Current year	(b) Prior year	(c) Two years bac		(e) Four ye	
1a	Beginning of year balance	102,256,197.	93,360,829.				L2 , 576.
b	Contributions	299,537.	1,236,937.	544,63	6. 234,297.	1,71	L1,562.
С	Net investment earnings, gains,						
	and losses	7,670,562.	10,493,287.	-4,075,482	2274,026.	14,07	79 , 534.
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	4,208,565.	2,834,856.	4,449,47	5. 4,378,299.	2,74	14,493.
f	Administrative expenses						
g	End of year balance	106,017,731.	102,256,197.	93,360,829	9. 101,341,151.	105,75	9,179.
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a)) held	as:		
a	Board designated or quasi-endown		%	, (,,			
b	Permanent endowment > 76.	0000 %					
	Temporarily restricted endowment						
	The percentages on lines 2a, 2b,						
3a	Are there endowment funds not in	the possession of t	he organization that	are held and adı	ministered for the		
	organization by:	•	•			Υe	es No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relat					3b	
4	Describe in Part XIII the intended	•	•				
	t VI Land, Buildings, and Equ	uipment.					
	Complete if the organiza	ation answered "Ye					
	Description of property				Accumulated epreciation	(d) Book value)
1 a	Land	,	, ,	L65,000.	Sp. Golddon	11,165	5,000.
b	Buildings				,251,277.	126,121	
	Leasehold improvements		2007	-,	, , , , , , ,		,
d	Equipment		2 . (061,452.	489,285.	1.572	2,167.
	0.1			-	,343,104.	10,995	
	I. Add lines 1a through 1e. (Column		•			149,853	
. ota	, .aa iii oo ta tii oogii to. (oolallii	ii (a) iiiasi equal i oli	555, r art A, 6614111	(=), 100./.		, , , , ,	,

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "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 valua Cost or end-of-year mar	ation:
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A) INV	ESTMENT-LIMITED PARTNERSHIP	24,716,481.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		0.1.51.6.101		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	24,716,481.		
Part VIII	Investments - Program Related.		Dowt IV Line 44. Con Farma 000	N Dant V line 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
			Oost of Cha-of-year mar	RCT Value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I GILIX	Complete if the organization answered	l "Yes" on Form 990). Part IV. line 11d. See Form 990). Part X. line 15.
-	, , , , , , , , , , , , , , , , , , , ,	scription	, ,	(b) Book value
(1)	(,,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	ral income taxes	, ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		
2 Liability fo	or uncertain tax positions. In Part XIII provide the	text of the footnote to	the organization's financial statements t	hat reports the

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

Schedule D (Form 990) 2017 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	20,332,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	5,843,645.
3	Subtract line 2e from line 1	3	14,489,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,489,185.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	22,687,890.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		0 100 500
е	Add lines 2a through 2d	2e	2,102,588.
3	Subtract line 2e from line 1	3	20,585,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c 5	20,585,302.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	20,303,302.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART III, LINE 4 - ART COLLECTIONS

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.

PART V, LINE 4 - ENDOWNMENT FUNDS

IN 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.

PART X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS NEW WORLD SYMPHONY IS A NON-PROFIT CORPORATION AS DEFINED BY SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND AS SUCH IS SUBJECT TO STATE AND FEDERAL INCOME TAXES ONLY ON UNRELATED BUSINESS TAXABLE INCOME. THERE WERE NO INCOME TAXES RESULTING FROM UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2018. ALTON POINTE IS A SINGLE MEMBER LIMITED LIABILITY COMPANY AND ACCORDINGLY IS DISREGARDED FOR TAX PURPOSES.

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

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS

CONCLUDED THAT AS OF JUNE 30, 2018, THERE ARE NO UNCERTAIN POSITIONS

TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

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 2015.

NEW WORLD SYMPHONY, INC

THE TAX CUTS AND JOBS ACT (THE TAX ACT) WAS SIGNED INTO LAW ON DECEMBER 22, 2017. THE TAX ACT INCLUDES SEVERAL CHANGES RELEVANT TO TAX-EXEMPT ORGANIZATIONS, PRIMARILY RELATED TO UNRELATED BUSINESS INCOME, NET OPERATING LOSSES, CERTAIN NEW EXCISE TAXES, AND CHANGES AFFECTING THE DEDUCTIBILITY OF CERTAIN EXPENSES. MANAGEMENT HAS DETERMINED THAT THE NEW LAW WILL NOT HAVE A SIGNIFICANT IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI & PART XII, LINE 2D

DIRECT RENTAL EXPENSES ARE \$2,025,113.

SCHEDULE E (Form 990 or 990-EZ)

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

C/O DAVID PHILLIPS

► Go to www.irs.gov/Form990 for the latest information.

NEW WORLD SYMPHONY, INC

Employer identification number

59-2809056

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			.,0
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
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,	2	Х	
3	programs, and scholarships?		21	
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially	4a	21	
-	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	if you answered the to any of the above, please explain. If you need more space, use Fart it.			
5	Does the organization discriminate by race in any way with respect to:	_		Х
а	Students' rights or privileges?	5a		Λ.
b	Admissions policies?	5b		Χ
С	Employment of faculty or administrative staff?	5c		Х
ام	Scholarships or other financial assistance?	5d		Х
d	Scholarships of other illiancial assistance?	- Su		21
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
9	Authorio programo:	J		
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		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			

Schedule E (Form 990 or 990-EZ) (2017) Page 2

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)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

NEW WORLD SYMPHONY

Employer identification

	DAVID PHILLIPS	FHONI, INC				59-2809056	ni number
Parí		plete if the orga	nization a	nswered	"Yes" on Form		17
ı aı	Form 990-EZ filers are not r				100 0111 01111	000, 1 41111, 11110	
1	Indicate whether the organization rais		-		activities. Check a	all that apply.	
а		е		_	non-government g		
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations	_			_		
2 a	Did the organization have a written or	r oral agreement w	ith any ind	dividual (in	cluding officers, d	lirectors, trustees, _	_
	or key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid indiv		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the o	organization.					
	(2) Name and address of individual		(iii) Did fun	draiser have	(i.d. Cuasa usasinta	(v) Amount paid to (or retained by)	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of utions?	(iv) Gross receipts from activity	fundraiser listed in	(or retained by) organization
						col. (i)	organization
			Yes	No			
1							
2							
_							
3							
4							
5							
6							
7							
8							
9							
10							
ratal							
Total	List all states in which the organizat	ion is registered o	r licensed	P	contributions or	has been notified	it is evennt from
3	registration or licensing.	ion is registered o	n neerisee	i to solicit	CONTINUATIONS OF	nas been notined	it is exempt from
	3						

Page 2

Schedule G (F	form 990 or 990-EZ) 2017
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.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	3,173,913.			3,173,913
Ľ	2	Less: Contributions	3,003,370.			3,003,370
		Gross income (line 1 minus				
		line 2)	170,543.			170,543
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	344,981.			344,981
Dire	8	Entertainment	53,414.			53,414
	9	Other direct expenses	147,020.			147,020
	10	Direct expense summary. Add lines 4	through 9 in column (d)		•	545,415
	11	Net income summary. Subtract line 1	10 from line 3, column (d))		-374,872
Pa	rt I	Gaming. Complete if the orga	anization answered "Y			orted more
		than \$15,000 on Form 990-E	z∠, line 6a. □			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	•	
_		<u> </u>		(/ • • • • • • •		<u> </u>
9		nter the state(s) in which the organizat				
a		the organization licensed to conduct of				. Yes No
K	, 11	"No," explain:				
	_					
		ere any of the organization's gaming	licenses revoked, suspe	nded, or terminated duri	ng the tax year?	. Yes No
k) If	"Yes," explain:				

Sched	lule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	formed to administer charitable gaming?
a	The organization's facility
b 14	An outside facility
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license? Yes No 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 ▶ \$
Par	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 G (Form 990 or 990-EZ) 2017

SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No.

Schedule I (Form 990) (2017) å (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form **Employer identification number** × 59-2809056 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash cash assistance cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of other organizations listed in the line 1 table........... (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN NEW WORLD SYMPHONY, INC 1 (a) Name and address of organization or government C/O DAVID PHILLIPS Name of the organization Part II Part I Ξ <u>ල</u> 4 9 5 8 <u></u> (10) (11) 2 9 (12)

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Schedule I (Form 990) (2017)

Page 2

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. Part III

	5				
(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.	1,423,781.		BOOK VALUE	STIPEND
2 STIPEND (SUBSTITUTES) PROGRAM ACTIVITIES	300:	101,471.		BOOK VALUE	STIPEND
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b): and any other additional	information re	equired in Part I.	ine 2. Part III. c	olumn (b): and anv o	ther additional

('0') aupprement 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 I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation InformationFor 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. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

NEW WORLD SYMPHONY, INC

Name of the organization Employer identification number 59-2809056 C/O DAVID PHILLIPS **Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

Part II

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

in column (B) reported as deferred on prior Form 990 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 (F) Compensation 250,949. 202,318. 152,619. Ö 251,837. 0 0 168,281. 253,304. 0 0 0 (E) Total of columns (B)(i)-(D) 0 0 553 8,376. 8,269 0 8,680 8,617 8,722 0 0 (**D**) Nontaxable benefits ω 570. 9,410. 9,352. 7,494. Ö 0 0 0 6,155. 4,829 0 (C) Retirement and other deferred compensation 5 00 0 0 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 00 000.000.000. 0 0 (ii) Bonus & incentive compensation 233,810. 232,875. 186,271. 138,780. 239,795. 0 0 153,750. 0 0 0 compensation (i) Base ≘≘ €€ €€ ≘≘ EVP OF ARTISTIC PLAN. & PROG. (A) Name and Title DOUGLAS MERILATT MAUREEN O'BRIEN HOWARD HERRING DAVID PHILLIPS SVP FOR DEVELOPMENT PAUL WOEHRLE 6 VP FOR DEVELOPMENT JOHN KIESER EVP & PROVOST PRESIDENT/CEO ZEVP & CFO individual ^ œ 6 9 Ξ

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

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 J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Deep to Public Inspection

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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.

NEW WORLD SYMPHONY, INC

Employer ide

Name of the organization NEW WORLD SYMPHONY, IN 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 COMPENSATION COMMITTEE 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, SUBJECT TO THE REVIEW BY THE COMPENSATION COMMITTEE, 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

Name of the organization NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

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STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE 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.

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,
NWS SEEKS TO EXPAND ITS 87 FELLOWS' MUSICAL AND PROFESSIONAL HORIZONS
BEYOND TRADITIONAL CONSERVATORY TRAINING. VISITING FACULTY OFFER

ATTACHMENT 1 (CONT'D)

Employer identification number

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

MASTER CLASSES, COACHING, PRIVATE LESSONS, AND ADVANCED SEMINARS IN AUDITION TRAINING, PERFORMANCE PSYCHOLOGY, COMMUNICATIONS, AND COMMUNITY ENGAGEMENT. IN ADDITION, NWS FELLOWS PERFORM WEEKLY CONCERTS, PLAYING A DIVERSE REPERTOIRE IN AN ARRAY OF PERFORMANCE FORMATS.

NWS ENVISIONS A STRONG AND SECURE FUTURE FOR CLASSICAL MUSIC, SEEKING TO REDEFINE, REAFFIRM, AND SHARE ITS TRADITIONS WITH AS MANY PEOPLE AS POSSIBLE. NWS' CAMPUS, NEW WORLD CENTER, OPENED IN JANUARY 2011 TO WORLDWIDE ACCLAIM. THE FACILITY WAS BUILT BASED UPON THE NEEDS OF NWS PROGRAMMING, AND INVITES AND ENCOURAGES THE ORGANIZATION'S USE OF TECHNOLOGY FOR ARTS EDUCATION, AUDIENCE DEVELOPMENT, AND COMMUNITY OUTREACH AND ENGAGEMENT. THROUGH THE USE OF DIGITAL TECHNOLOGY, VIDEO, MOVING IMAGES, AND LIGHTING, NWS IS BROADENING AND DIVERSIFYING AUDIENCES FOR CLASSICAL MUSIC.

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

ATTACHMENT 2

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

Employer identification number 59-2809056

ATTACHMENT 2 (CONT'D)

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 65 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

Name of the organization NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

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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' FOUNDING, MORE THAN 1,100 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

ATTACHMENT 3 (CONT'D)

Employer identification number

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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: NWS OFFERS ITS FELLOWS SEVERAL

OPPORTUNITIES TO CREATE MUSICAL INTERACTIONS WITH AUDIENCES INSIDE

THE CONCERT HALL AND IN THE COMMUNITY. THESE FELLOW-DRIVEN

CONCERTS AND EVENTS ARE COLLECTIVELY REFERRED TO AS THE NEW

AUDIENCE FELLOW INITIATIVE. THESE EXPERIENCES EMPOWER FELLOWS TO

MAKE DECISIONS, WITH STAFF SUPPORT, REGARDING ARTISTIC CONTENT,

TARGET AUDIENCES, PROGRAM DESIGN AND MARKETING STRATEGY, AND

PROJECT BUDGETS. THE PLANNING AND EXECUTION OF THESE CONCERTS AND

EVENTS GUIDES FELLOWS' PROFESSIONAL DEVELOPMENT.

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

Name of the organization NEW WORLD SYMPHONY, INC

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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 - COMMUNITY ENGAGEMENT IS AN IMPORTANT PART OF THE NWS' MISSION. THE 21ST-CENTURY MUSICIAN NEEDS A SET OF NON-MUSIC SKILLS IN ADDITION TO EXCEPTIONAL MUSICAL TECHNIQUE.

NWS' COMMUNITY ENGAGEMENT PROGRAMS ARE LEARNING EXPERIENCES FOR THE FELLOWS AND FOR OUR PARTNERS IN THE SOUTH FLORIDA COMMUNITY, ACROSS THE U.S., AND INTERNATIONALLY. THE BROAD ARRAY OF MUSICAL AND EDUCATIONAL OFFERINGS PROVIDES FAMILIES, STUDENTS, TEACHERS, AND ADULTS OF ALL AGES OPPORTUNITIES TO LEARN AND TO EXPERIENCE CLASSICAL MUSIC.

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

Page 2

ATTACHMENT 4 (CONT'D)

AIMED AT HELPING STUDENTS DISCOVER AND BECOME EXCITED ABOUT CLASSICAL MUSIC. NWS FELLOWS ALSO PLAY IN VARIOUS OTHER COMMUNITY VENUES, INCLUDING HOSPITALS, HOSPICES, AND SENIOR CENTERS.

*INSIDE THE MUSIC: THIS SERIES OF FREE, HOUR-LONG PRESENTATIONS AT NEW WORLD CENTER ALLOWS NWS FELLOWS TO PROVIDE AN INTIMATE AND INTERACTIVE VIEW INTO THE WORLD OF CLASSICAL MUSIC AND SYMPHONY MUSICIANS. TOPICS RANGE FROM MUSIC APPRECIATION TO THE HISTORIC CONTEXTS OF COMPOSERS AND MORE, AND AUDIENCE MEMBERS ARE ENCOURAGED TO PARTICIPATE BY ASKING QUESTIONS AND TAKING PART IN POST-PRESENTATION DISCUSSIONS.

*REHEARSAL OBSERVATIONS: LOCAL GROUPS ARE INVITED TO ATTEND ORCHESTRA REHEARSALS WITH INTERNATIONALLY RENOWNED CONDUCTORS AND 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.

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ATTACHMENT 4 (CONT'D)

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

*MUSICLAB: MUSICLAB IS A COMMUNITY MENTORSHIP PROGRAM THAT BRINGS
NWS FELLOWS INTO YOUTH MUSIC PROGRAMS TO WORK WITH LOCAL STUDENTS.

EACH YEAR, 150 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

ONLINE PLATFORMS), WEBCASTS, AND IN-PERSON EVENTS AT NEW WORLD

CENTER. FELLOWS ALSO CONDUCT ONLINE RESIDENCIES WITH STUDENT MUSIC

ENSEMBLES AROUND IN ATLANTA AND NASHVILLE VIA SKYPE AND INTERNET2.

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ATTACHMENT 4 (CONT'D)

NWS' COMMUNITY ENGAGEMENT PROGRAMS PREPARE FELLOWS FOR LEADERSHIP ROLES AS EDUCATORS, COMMUNICATORS, AND ROLE MODELS; INTRODUCE CHILDREN TO CLASSICAL MUSIC AND THE CONCERT-GOING EXPERIENCE; AND FOSTER LASTING AND MEANING RELATIONSHIPS BETWEEN FELLOWS AND THE COMMUNITY. THROUGH THESE PROGRAMS, NWS ANNUALLY OFFERS APPROXIMATELY 12, 500 SOUTH FLORIDA CHILDREN, YOUTH, AND ADULTS THE OPPORTUNITY TO LEARN ABOUT AND EXPERIENCE CLASSICAL MUSIC EVERY YEAR. THROUGH SPECIALIZED TRAINING AND APPLICATION OF SKILLS IN PRACTICE, FELLOWS DEVELOP ENGAGEMENT TECHNIQUES TO INTERACT WITH DIVERSE COMMUNITY MEMBERS OF ALL AGES. FELLOWS CARRY THE SKILL AND ENTHUSIASM GENERATED BY THEIR INVOLVEMENT WHILE AT NWS INTO THEIR FUTURE PROFESSIONAL POSITIONS IN COMMUNITIES AROUND THE WORLD.

ATTACHMENT 5

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

DESCRIPTION GRANTS

EXPENSES

REVENUE

SUPPORTING ACTIVITIES TO PROGRAMS

1,831,486.

TOTALS 1,831,486.

ATTACHMENT 6

Schedule O (Form 990 or 990-EZ) 2017

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

ASKONAS HOLT ARTIST SERVICES 691,646.

25 CLANCERY LANE

Name of the organization NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

Employer identification number

59-2809056

ATTACHMENT 6 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

LONDON

UNITED KINGDOM W14 ONS

JEZET SEATING SEATING SEATING 473,699.

SIBERIESTRAAT 10, 3900

OVERPELT

BELGIUM

THIERRY'S CATERING CATERING 433,244.

915 NW 72ND STREET

MIAMI, FL 33150

OPUS 3 ARTISTS LLC ARTIST SERVICES 232,500.

470 PARK AVENUE SOUTH, 9TH FLOOR

NEW YORK, NY 10016

AJS SOLUTIONS COMPANY CLEANING 169,823.

231 174TH STREET, SUITE 407 SUNNY ISLES BEACH, FL 33160

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

(A) (B) (C) (D)
TOTAL RELATED OR UNRELATED EXCLUDED

DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE

DIVIDEND INCOME 1,840,738. 1,840,738.

TOTALS 1,840,738. 1,840,738.

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

GALA INCOME 3,003,370.

TOTAL 3,003,370.

Name of the organization	NEW WORLD SYMPHONY,	INC	Employer identification number
C/O DAVID PHILL	IPS		59-2809056
•		7	ATTACHMENT 9

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALA INCOME	170,543.	545,415.	-374,872.
TOTALS	170,543.	545,415.	-374,872.

ATTACHMENT 10

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		751,852.	1,104,621.
	TOTALS	751,852.	1,104,621.

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
INVESTMENT-DOMESTIC EQUITIES	36,395,296.	39,150,894.	FMV
INVESTMENT-GLOBAL EQUITIES	20,833,287.	22,375,297.	FMV
INVESTMENT-MUTUAL BONDS	17,734,246.	17,560,278.	FMV
TOTALS	74,962,829.	79,086,469.	

ATTACHMENT 12

Name of the organization NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

Employer identification number
59-2809056

ATTACHMENT 12 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

BEGINNING ENDING

DESCRIPTION BOOK VALUE BOOK VALUE

DEFERRED REVENUE 799,175. 731,769.

TOTALS 799,175. 731,769.

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

LENDER: PROMISSORY NOTE - SUNTRUST
ORIGINAL AMOUNT: 18,400,000.
INTEREST RATE: 2.0600 %
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
 14,550,000.

 ENDING BALANCE DUE
 13,425,000.

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

Name of the organization NEW WORLD SYMPHONY, INC

C/O DAVID PHILLIPS

S9-2809056

ATTACHMENT 13 (CONT'D)

REPAYMENT TERMS: INTEREST ONLY PAID MONTHLY AND PERIODIC PRINCIPAL

SECURITY PROVIDED: CERTAIN ENDOWMENT INVESTMENTS

PURPOSE OF LOAN: FINANCE CONSTRUCTION AND RENOVATIONS

BEGINNING BALANCE DUE 4,000,000.

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

ENDING BALANCE DUE

 BEGINNING BALANCE DUE
 1,436,226.

 ENDING BALANCE DUE
 1,500,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 22,589,226.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE _____21,840,000.

4,000,000.

SCHEDULE R (Form 990)

C/O DAVID PHILLIPS Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

0.	o to www.irs.gov/Form990 for instructions and the latest information
rm 990.	ctions
Attach to Form 990.	r instru
► Atta	rm990 f
	S. dov/Fc
	www.ir
	4

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 59-2809056 °5 ▲ NEW WORLD SYMPHONY, INC

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990, Part IV,
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"Yes" on I
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regard
n of Dis
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Ident
Part I

	(a)		(q)	(၁)	(Đ	(e)	€
	Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1) ALT	(1) ALTON POINTE LLC	45-5001665					
500 17	500 17TH STREET MIAMI BEACH,	FL 33139	HOUSING	FL	23,268.	.0	O. NONE
(2)							
(3)							
(4)							
(2)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	ns. Complete if the	e organization ansv	vered "Yes" on Fo	ırm 990, Part IV,	line 34, because	it had
	OTE OF HIOLETERATE RAPERTING OF BRITISHING WITH THE LAY YEAR.	ווט וווכ ומא אכמו.					

e it had
line 34, becaus
rm 990, Part IV,
ered "Yes" on Fo
ganization answ
izations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had s during the tax year.
Identification of Related Tax-Exempt Organizations. Compose or more related tax-exempt organizations during the tax
art II

(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?	2(b)(13) illed
						Yes	8 0
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2017	R (Form 99	0) 2017

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Schedule R (Form 990) 2017

Page 2 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. Part III

(k) Percentage ownership											(
	0									, ,	1
(j) General or managing partner?	Yes No									art l	
	۶									90, F	
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)										on Form 90	1-7
(h) Disproportionate allocations?	٥									Yes"	9
Dispropa alloca	Yes									red "	7
(g) Share of end-of- year assets										ization answe he tax year.	
(f) Share of total income										lete if the orgar or trust during t	1
(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	,									on or Trust. Complais a serion of	1-7
(d) Direct controlling entity										as a Corporaticanizations treated	1
(c) Legal domicile (state or foreign	(6									Taxable ated orga	
(b) Primary activity										ted Organizations d one or more rela	
(a) Name, address, and EIN of related organization									1	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.	(3)
_		<u>(1</u>	(2)	(3)	(4)	(2)	(9)	(2)		Part IV	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (i) Share of Percentage Section	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership	512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
JSA						Schedule R (Form 990) 2017	R (Form 99	0) 2017

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anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
l "Yes
answered
if the organization
Complete
Organizations.
/ith Related (
Transactions W
Part V

Note:	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
_	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?	ons listed in Parts II-IV?		
ω	Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			
q	Gift, grant, or capital contribution to related organization(s)		1b	
ပ	Gift, grant, or capital contribution from related organization(s)		10	
	Loans or loan quarantees to or for related organization(s)		79	
ө	Loans or loan guarantees by related organization(s)		1e	
			: : :	
<u>_</u>	Dividends from related organization(s),		<u>+</u>	
_ට	Sale of assets to related organization(s)			
4	Purchase of assets from related organization(s),		; ;	
. <u>-</u>	Exchange of assets with related organization(s)		=	
į	Lease of facilities, equipment, or other assets to related organization(s)		; ;	
			:	
→	Lease of facilities, equipment, or other assets from related organization(s)		¥ - -	
_	Performance of services or membership or fundraising solicitations for related organization(s)		=	
E	Performance of services or membership or fundraising solicitations by related organization(s)			
c)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		- 1 - 1	
0	Sharing of paid employees with related organization(s)		10	
	Reimbursement paid to related organization(s) for expenses			
6	Reimbursement paid by related organization(s) for expenses			
<u>-</u>			: -	
S				
7	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	covered relationships and transact	ction threshold	ds.
	(a) Name of related organization (b) Transaction (ype (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining volved
Ξ				
(2)				
<u>(6</u>				
<u>4</u>				
(2)				
9				
JSA		Schec	Schedule R (Form 990) 2017	990) 2017

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) (b) (c) (d) (d) (e) (f) Share of Sh	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	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)	General or managing partner?	(k) Percentage ownership
(11)										
								Sch	edule R (F	Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

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

RENT AND ROYALTY INCOME

								ving Number	
DESCRIPTION OF PROPERTY NEW WORLD CENTER									
Yes No Did you ad	ctively participate in th	e operation	of the ac	tivity d	uring the tax year?				
TYPE OF PROPERTY:									
REAL RENTAL INCO	ME								
OTHER INCOME:									
RENTAL INCOME						77	0,05	1.	
TOTAL GROSS INCOME									770,051.
OTHER EXPENSES:									
SEE ATTACHMENT									
DEPRECIATION (SHOWN BELOW)					752 ,	370.			
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion .									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									,640,424.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)								-870 , 373 .
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses						· · · · · <u></u>			
Net Income (Loss) to Others .									
Net Rent or Royalty Income (Loss)									-870 , 373.
Deductible Rental Loss (if Applicable									
SCHEDULE FOR DEPRECIAT	ION CLAIMED	ı				T		ı	T
			(d)	(e)		(g) Depreciation		(i) Life	
(a) Description of property	(b) Cost or	(c) Date	ACRS	Bus.	(f) Basis for	in	(h)	or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
SEE ATTACHMENT									
Totala						1		<u> </u>	
Totals	<u> </u>	<u> </u>				<u> </u>			1

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	770,051. 770,051.
OTHER DEDUCTIONS	
ADVERTISING CLEANING INSURANCE MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS SUPPLIES UTILITIES SECURITY SALARIES/CONTRACTORS STORAGE BANK SERVICE FEES EQUIPMENT EXPENSE OTHER EXPENSE LAUNDRY	19,879. 16,714. 73,473. 52,974. 14,228. 56,946. 34,661. 490,296. 8,518. 3,692. 75,165. 38,549. 2,959.
	888,054.

RENT AND ROYALTY INCOME

Taxpayer's Name NEW WORLD SYMPHO	NY, INC						59	Identify -280	ing Number 9056
DESCRIPTION OF PROPERTY ALTON POINTE									
	ctively participate in th	e operation	of the ac	rtivity d	luring the tay year?				
TYPE OF PROPERTY:	ctively participate in th	e operation	or the ac	July U	idiling the tax year:				
REAL RENTAL INCO)ME								
OTHER INCOME:	·								
RENTAL INCOME						40	7 , 95	6.	
TOTAL GROSS INCOME									407,956.
OTHER EXPENSES:									, , , , , , , ,
SEE ATTACHMENT									
					0.5	005.			
DEPRECIATION (SHOWN BELOW)					· ·	003.			
LESS: Beneficiary's Portion					• •				
AMORTIZATION									
LESS: Beneficiary's Portion .									
DEPLETION									
LESS: Beneficiary's Portion					_				384,688.
TOTAL EXPENSES									23,268.
TOTAL RENT OR ROYALTY INCOME	<u> </u>								23,200.
Less Amount to									
Rent or Royalty						• • • • • • • • • • • • • • • • • • • •			
Depreciation						• • • • • • • • • • • • • • • • • • • •			
Depletion						• • • • • • • • • • • • • • • • • • • •			
Investment Interest Expense						• • • • • • • • • • • • • • • • • • • •			
Other Expenses						• • • • • • • • • • • • • • • • • • • •			
Net Income (Loss) to Others .								• —	23 268
Net Rent or Royalty Income (Loss)								• —	23,268.
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT								•	
SCHEDULE FOR DEPRECIAL	ION CLAIMED							1	
(a) Description of property	(b) Cost or	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
SEE ATTACHMENT									
Tatala								<u> </u>	
Totals	I.	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	407,956. 407,956.
OTHER DEDUCTIONS	0 406
CLEANING INSURANCE	9,486. 10,052.
	·
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	19 , 785.
SUPPLIES	15,269.
TAXES	81,406.
UTILITIES	44,008.
SALARIES	85,106.
OTHER EXPENSES	24,571.
	289,683.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
NEW WORLD CENTER ALTON POINTE	770,051. 407,956.	752,370. 95,005.	888,054. 289,683.	-870,373. 23,268.
TOTALS	1,178,007.	847,375.	1,177,737.	847,105.