

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

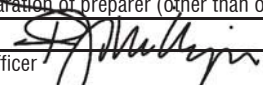
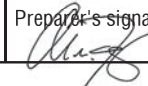
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW WORLD SYMPHONY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 17TH STREET City or town, state or province, country, and ZIP or foreign postal code MIAMI BEACH, FL 33139 F Name and address of principal officer: DAVID PHILLIPS SAME AS C ABOVE	D Employer identification number 59-2809056 E Telephone number (305) 428-6700 G Gross receipts \$ 32,290,012. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NWS.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987
		M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PREPARE GRADUATES OF MUSIC PROGRAMS FOR LEADERSHIP ROLES IN ORCHESTRAS AND ENSEMBLES AROUND THE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	122
6	Total number of volunteers (estimate if necessary)	6	67
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-462,372.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-464,122.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	13,819,222.	23,479,661.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,982,451.	1,362,331.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,603,643.	2,007,656.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,008,831.	-764,426.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,396,485.	26,085,222.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,499,697.	1,516,973.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,519,225.	7,666,031.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,971,837.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,032,896.	11,780,399.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,051,818.	20,963,403.
19	Revenue less expenses. Subtract line 18 from line 12	-2,655,333.	5,121,819.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	257,542,360.	257,346,893.
22	Net assets or fund balances. Subtract line 21 from line 20	22,921,908.	17,654,935.
22		234,620,452.	239,691,958.

Part II Signature Block

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

Sign Here	Signature of officer  DAVID PHILLIPS, EVP & CFO Type or print name and title	Date 11-10-2020
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature  Date 11/30/20
Firm's name ▶ MARCUM, LLP		Check <input type="checkbox"/> if self-employed PTIN P01365820
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Firm's EIN ▶ 11-1986323 Phone no. (202) 227-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,023,032. including grants of \$ 1,516,973.) (Revenue \$ 1,362,331.)

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

4b (Code:) (Expenses \$ 6,863,418. including grants of \$) (Revenue \$)

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:

-LATE NIGHT AT THE NEW WORLD SYMPHONY: "CLUB-STYLE" CONCERTS FEATURING

4c (Code:) (Expenses \$ 159,614. including grants of \$) (Revenue \$)

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:

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,915,372. including grants of \$) (Revenue \$)

4e Total program service expenses 15,961,436.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included on line 1a, above, who are independent (38); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAVID PHILLIPS - (305) 428-6700 500 17TH STREET, MIAMI BEACH, FL 33139



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD HERRING PRESIDENT & CEO	60.00			X			287,500.	0.	19,758.	
(2) JOHN KIESER EVP & PROVOST	60.00				X		237,317.	0.	18,668.	
(3) DAVID PHILLIPS EVP & CFO	60.00			X			237,533.	0.	18,381.	
(4) MARTIN SHER SVP, ARTISTIC PLANNING & PROGRAMS	60.00				X		191,900.	0.	16,473.	
(5) MAUREEN O'BRIEN SVP, INSTITUTIONAL ADVANCEMENT	60.00				X		168,375.	0.	15,245.	
(6) PAUL WOHRLE VP, DEVELOPMENT	60.00					X	140,868.	0.	14,130.	
(7) HUMBERTO ORTEGA VP, FINANCE AND CONTROLLER	60.00					X	120,000.	0.	16,045.	
(8) WILLIAM HALL - VP, AUDIENCE ENGAGEMENT, RESEARCH AND DESIGN	60.00					X	116,254.	0.	12,440.	
(9) MICHELLE KUCHARCZYK VP, BUSINESS DEVELOPMENT	60.00					X	109,772.	0.	12,937.	
(10) CLYDE SCOTT - DIRECTOR, VIDEO PROD./RESIDENT PROJECTION DESIGNER	60.00					X	110,281.	0.	12,080.	
(11) EDWARD MANNO SHUMSKY CHAIRPERSON	5.00	X		X			0.	0.	0.	
(12) ADAM CARLIN VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(13) WILLIAM M. OSBORNE III VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(14) MARIO DE ARMAS VC/TREASURER/CHAIR OF FIN COMM	1.00	X		X			0.	0.	0.	
(15) ROBERT MOSS SECRETARY	1.00	X		X			0.	0.	0.	
(16) SARI AGATSTON TRUSTEE	1.00	X					0.	0.	0.	
(17) SHELDON T. ANDERSON TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MADELEINE ARISON TRUSTEE	1.00	X					0.	0.	0.	
(19) SARAH S. ARISON TRUSTEE	1.00	X					0.	0.	0.	
(20) IRA M. BIRNS TRUSTEE	1.00	X					0.	0.	0.	
(21) OLGA BLAVATNIK TRUSTEE - UNTIL 10/2019	1.00	X					0.	0.	0.	
(22) KATHERINE BORMANN TRUSTEE	1.00	X					0.	0.	0.	
(23) MATTHEW A. BUDD, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(24) MATTHEW W. BUTTRICK TRUSTEE	1.00	X					0.	0.	0.	
(25) BRUCE E. CLINTON TRUSTEE	1.00	X					0.	0.	0.	
(26) HOWARD FRANK TRUSTEE	1.00	X					0.	0.	0.	
1b Subtotal							1,719,800.	0.	156,157.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,719,800.	0.	156,157.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
ENLIGHTEN DIGITAL, 4403 VINELAND ROAD, SUITE B6, ORLANDO, FL 32811	BROADCAST INTEGRATION	879,122.
ASKONAS HOLT, 25 CLANCERY LANE, LONDON, UNITED KINGDOM W140NS	ARTIST SERVICES	680,804.
FOR-A CORPORATION, 11155 KNOTT AVENUE, SUITE I, CYPRESS, CA 90630	DIGITAL EQUIPMENT SERVICES	453,090.
THIERRY'S CATERING 915 NW 72ND STREET, MIAMI, FL 33150	CATERING	368,749.
CUESTA CONSTRUCTION, 1414 NW 107TH AVENUE, SUITE 401, MIAMI, FL 33172	GENERAL CONTRACTOR	220,995.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN FUMAGALLI TRUSTEE	1.00	X					0.	0.	0.	
(28) JOHN, J. GERAGHTY TRUSTEE	1.00	X					0.	0.	0.	
(29) ROSE ELLEN GREENE TRUSTEE	1.00	X					0.	0.	0.	
(30) MATT HAGGMAN TRUSTEE	1.00	X					0.	0.	0.	
(31) JOHN J. HALEY TRUSTEE	1.00	X					0.	0.	0.	
(32) HARRY M. HERSH TRUSTEE	1.00	X					0.	0.	0.	
(33) NEISEN O. KASDIN TRUSTEE	1.00	X					0.	0.	0.	
(34) GERALD KATCHER TRUSTEE	1.00	X					0.	0.	0.	
(35) MARK KINGDON TRUSTEE	1.00	X					0.	0.	0.	
(36) WILLIAM KLEH TRUSTEE	1.00	X					0.	0.	0.	
(37) RICHARD L. KOHAN TRUSTEE	1.00	X					0.	0.	0.	
(38) ENRIQUE LERNER TRUSTEE	1.00	X					0.	0.	0.	
(39) ALAN LIEBERMAN TRUSTEE	1.00	X					0.	0.	0.	
(40) WILLIAM L. MORRISON TRUSTEE	1.00	X					0.	0.	0.	
(41) L. MICHAEL ORLOVE TRUSTEE	1.00	X					0.	0.	0.	
(42) STEPHEN L. OWENS TRUSTEE	1.00	X					0.	0.	0.	
(43) PATRICIA M. PAPPER TRUSTEE	1.00	X					0.	0.	0.	
(44) CAROLINA PINA TRUSTEE	1.00	X					0.	0.	0.	
(45) TRACEY ROBERTSON CARTER TRUSTEE	1.00	X					0.	0.	0.	
(46) JUDITH RODIN TRUSTEE	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DOROTHY A. TERRELL TRUSTEE	1.00	X						0.	0.	0.
(48) RICHARD J. WURTMAN TRUSTEE	1.00	X						0.	0.	0.
(49) MICHAEL J. ZINNER, M.D. TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,931,792.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,532,840.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,015,029.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			23,479,661.			
Program Service Revenue	2 a CONCERT REVENUES	Business Code	711110	1,113,465.	1,113,465.		
	b APPLICATION FEES		611600	80,900.	80,900.		
	c SPECIAL PROJECT REVENUE		711110	60,000.	60,000.		
	d BOX OFFICE FEES		561000	47,292.	47,292.		
	e NEW WORLD CENTER TOURS		711110	3,295.	3,295.		
	f All other program service revenue		711110	57,379.	57,379.		
	g Total. Add lines 2a-2f			1,362,331.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,310,942.		2,310,942.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,012,489.			
			(ii) Personal				
	b Less: rental expenses ...	6b		1,474,861.			
	c Rental income or (loss)	6c		-462,372.			
	d Net rental income or (loss)			-462,372.		-462,372.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,913,584.			
			(ii) Other				
b Less: cost or other basis and sales expenses	7b		4,216,870.				
c Gain or (loss)	7c		-303,286.				
d Net gain or (loss)			-303,286.		-303,286.		
8 a Gross income from fundraising events (not including \$ 1,931,792. of contributions reported on line 1c). See Part IV, line 18	8a		175,200.				
			513,059.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-337,859.		-337,859.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	35,805.		35,805.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			35,805.			
12 Total revenue. See instructions			26,085,222.	1,362,331.	-462,372.	1,705,602.	



Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,516,973.	1,516,973.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,249,012.	634,197.	424,126.	190,689.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,027,589.	3,087,030.	447,566.	1,492,993.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,470.	91,899.	9,959.	45,612.
9 Other employee benefits	745,462.	444,717.	95,452.	205,293.
10 Payroll taxes	496,498.	294,860.	67,666.	133,972.
11 Fees for services (nonemployees):				
a Management				
b Legal	103,559.		103,559.	
c Accounting	84,710.		84,710.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	321,224.	321,224.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,911,314.	1,701,243.		210,071.
12 Advertising and promotion	407,870.			407,870.
13 Office expenses	171,733.	7,494.	159,835.	4,404.
14 Information technology	288,592.	288,592.		
15 Royalties	81,402.	81,402.		
16 Occupancy	1,669,506.	1,462,190.	176,149.	31,167.
17 Travel	177,352.	161,866.	8,728.	6,758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,371.	26,371.		
20 Interest	486,504.	413,289.	63,401.	9,814.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,556,154.	4,354,531.	86,410.	115,213.
23 Insurance	153,433.	4,226.	149,207.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	836,275.	564,932.	153,362.	117,981.
b ARTISTIC PROGRAMMING	504,400.	504,400.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	20,963,403.	15,961,436.	2,030,130.	2,971,837.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	97,604.	1	63,498.
	2 Savings and temporary cash investments	80,994.	2	168,230.
	3 Pledges and grants receivable, net	5,317,371.	3	10,989,329.
	4 Accounts receivable, net	92,001.	4	76,783.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,528,103.	9	715,365.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 197,576,624.		
	b Less: accumulated depreciation	10b 53,265,179.	10c	144,311,445.
	11 Investments - publicly traded securities	78,638,771.	11	76,597,308.
	12 Investments - other securities. See Part IV, line 11	25,351,664.	12	24,424,935.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	257,542,360.	16	257,346,893.	
Liabilities	17 Accounts payable and accrued expenses	903,053.	17	793,660.
	18 Grants payable		18	
	19 Deferred revenue	668,855.	19	561,745.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	21,350,000.	23	16,299,530.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	22,921,908.	26	17,654,935.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	126,290,931.	27	132,959,563.
	28 Net assets with donor restrictions	108,329,521.	28	106,732,395.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	234,620,452.	32	239,691,958.
	33 Total liabilities and net assets/fund balances	257,542,360.	33	257,346,893.

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	26,085,222.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,963,403.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,121,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	234,620,452.
5	Net unrealized gains (losses) on investments	5	-50,313.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	239,691,958.

Part XII Financial Statements and Reporting

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

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

Form 990 (2019)

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

2019

Open to Public Inspection

Name of the organization **NEW WORLD SYMPHONY, INC.** Employer identification number **59-2809056**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

NEW WORLD SYMPHONY, INC.

Employer identification number

59-2809056

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,796,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,568,849.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>772,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **NEW WORLD SYMPHONY, INC.** Employer identification number **59-2809056**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	104,418,757.	106,017,731.	102,256,197.	93,360,829.	101,341,150.
b Contributions	1,667,682.	150,858.	299,537.	1,236,937.	544,636.
c Net investment earnings, gains, and losses	1,957,343.	5,859,692.	7,670,562.	10,493,287.	-4,075,482.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,499,814.	7,609,524.	4,208,565.	2,834,856.	4,449,475.
f Administrative expenses					
g End of year balance	102,543,968.	104,418,757.	106,017,731.	102,256,197.	93,360,829.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 7.64 %
 - b Permanent endowment 79.04 %
 - c Term endowment 13.32 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,165,000.		11,165,000.
b Buildings		165,977,946.	47,426,468.	118,551,478.
c Leasehold improvements				
d Equipment		18,254,356.	5,215,992.	13,038,364.
e Other		2,179,322.	622,719.	1,556,603.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 144,311,445.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS IN LIMITED		
(B) PARTNERSHIPS	24,424,935.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,424,935.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

NWS 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 NWS AIDS IN THE BEGINNING OF THIS EXPERIENCE.

PART V, LINE 4:

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

Part XIII Supplemental Information *(continued)*

OF NWS, AND TO ENSURE THE PERMANENT EXISTENCE OF NWS.

PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, 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.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

NEW WORLD SYMPHONY, INC.

Employer identification number

59-2809056

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
NWS' NONDISCRIMINATORY POLICY IS STATED IN ITS RECRUITMENT BROCHURE AS WELL AS THE PUBLICATIONS OF "INTERNATIONAL MUSICIAN" WHICH IS WELL KNOWN WITHIN THE COMMUNITY IT SERVES.		

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		

6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990 or 990-EZ) 2019

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

NWS RECEIVES GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES TO FACILITATE PROGRAMS IN FURTHERANCE OF ITS MISSION.

COPY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	4K EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,061,292.	45,700.	2,106,992.
	2	Less: Contributions	1,899,622.	32,170.	1,931,792.
	3	Gross income (line 1 minus line 2)	161,670.	13,530.	175,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	140,083.	21,579.	161,662.
	8	Entertainment	46,267.		46,267.
	9	Other direct expenses	302,053.	3,077.	305,130.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			513,059.
11	Net income summary. Subtract line 10 from line 3, column (d)			-337,859.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND FOR PROGRAM PARTICIPANTS	87	1,434,831.	0.		
STIPEND (SUBSTITUTES) PROGRAM ACTIVITIES	224	82,142.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL OF NWS' FELLOWS RECEIVE A STIPEND FOR LIVING EXPENDITURES WHILE IN THE PROGRAM.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NEW WORLD SYMPHONY, INC.**
 Employer identification number: **59-2809056**

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD HERRING PRESIDENT & CEO	(i)	287,500.	0.	0.	11,200.	8,558.	307,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN KIESER EVP & PROVOST	(i)	237,317.	0.	0.	9,551.	9,117.	255,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID PHILLIPS EVP & CFO	(i)	237,533.	0.	0.	9,540.	8,841.	255,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARTIN SHER SVP, ARTISTIC PLANNING & PROGRAMS	(i)	191,900.	0.	0.	5,149.	11,324.	208,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAUREEN O'BRIEN SVP, INSTITUTIONAL ADVANCEMENT	(i)	168,375.	0.	0.	6,443.	8,802.	183,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL WOHRLE VP, DEVELOPMENT	(i)	140,868.	0.	0.	5,653.	8,477.	154,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NEW WORLD SYMPHONY, INC.

Employer identification number

59-2809056

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE NEW WORLD SYMPHONY IS TO PREPARE GRADUATES OF MUSIC
PROGRAMS FOR LEADERSHIP ROLES IN ORCHESTRAS AND ENSEMBLES AROUND 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 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. USING DIGITAL TECHNOLOGY, VIDEO, MOVING

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

NEW WORLD SYMPHONY, INC.

Employer identification number

59-2809056

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 HIGH SPEED, 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 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

Name of the organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
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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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: VISUALLY ENHANCED PERFORMANCES IN THE CONCERT HALL AND AN "UNPLUGGED" PERFORMANCE INTERSPERSED WITH A SET OF DJ-SPUN ELECTRONICA. COCKTAIL BARS INSIDE THE HALL, CLUB-STYLE LIGHTING, AND VIDEO PROJECTIONS MARK THESE CUTTING-EDGE MUSICAL, SOCIAL, AND DANCE EVENTS.

-WALLCAST CONCERTS: THE LIVE PROJECTION OF SELECT NWS CONCERTS ONTO THE 7,000 SQ. FT. FRONT FACADE 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,

COPY

Name of the organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
--	--

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

RESULTS TO DATE SHOW PROMISE. ALTERNATE FORMAT CONCERTS HAVE ALLOWED SYMPHONY ORCHESTRAS AND CLASSICAL MUSIC PRESENTERS TO TAKE INFORMED RISKS IN THEIR AUDIENCE GROWTH INITIATIVES. NWS ARTISTIC DIRECTOR MICHAEL TILSON THOMAS, NWS FELLOWS, AND THE INSTITUTION'S COLLABORATING ARTISTS CONTINUE TO REIMAGINE THE CONCERT EXPERIENCE USING VIDEO, LIGHTING, AND THEATRICAL ENHANCEMENTS. THESE EXPLORATIONS INTRIGUE AUDIENCES AND DEEPEN THEIR UNDERSTANDING OF THE MUSIC; THEY ALSO PROVIDE FELLOWS WITH NEW PERSPECTIVES THAT WILL INFORM THEIR CAREERS AS THEY BUILD ON THESE MODELS.

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

DURING THE OPENING SESSION OF THEIR 2013 CONFERENCE, LEAGUE OF AMERICAN ORCHESTRAS PRESIDENT AND CEO JESSE ROSEN NOTED, "THE NEW WORLD SYMPHONY IS ONE OF OUR BEACONS FOR TAKING INNOVATION TO THE NEXT LEVEL. THEY

Name of the organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
--	--

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

-NWS IN THE SCHOOLS AND COMMUNITY: FELLOWS VISIT AREA SCHOOLS TO MAKE 45-MINUTE INTERACTIVE AND THEMATIC MUSICAL PRESENTATIONS AIMED AT HELPING STUDENTS DISCOVER AND BECOME EXCITED ABOUT CLASSICAL MUSIC. NWS FELLOWS ALSO PLAY IN VARIOUS OTHER COMMUNITY VENUES, INCLUDING HOSPITALS, HOSPICES, AND SENIOR CENTERS.

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

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

Name of the organization NEW WORLD SYMPHONY, INC.	Employer identification number 59-2809056
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EDUCATIONAL IMPACT OF THE PERFORMANCE. A POST-PRODUCED BROADCAST OF THE CONCERTS IS MADE AVAILABLE ONLINE FOR STUDENTS IN SCHOOLS AROUND THE COUNTRY.

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

-MUSICLAB: MUSICLAB IS A COMMUNITY MENTORSHIP PROGRAM THAT BRINGS NWS FELLOWS INTO YOUTH MUSIC PROGRAMS TO WORK WITH LOCAL STUDENTS. EACH YEAR, 150 YOUNG MUSICIANS FROM PARTNER SCHOOLS AND ORGANIZATIONS RECEIVE LESSONS FROM FELLOWS IN ONE-ON-ONE AND GROUP COACHING SESSIONS ON A BI-MONTHLY BASIS THROUGHOUT THE SCHOOL-YEAR. 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 ENSEMBLES IN NASHVILLE AND LOS ANGELES VIA SKYPE AND INTERNET.

NWS' COMMUNITY ENGAGEMENT PROGRAMS PREPARE FELLOWS FOR LEADERSHIP ROLES



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AS EDUCATORS, COMMUNICATORS, AND ROLE MODELS; INTRODUCE CHILDREN TO CLASSICAL MUSIC AND THE CONCERT-GOING EXPERIENCE; AND FOSTER LASTING AND MEANINGFUL 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.

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

SUPPORTING ACTIVITIES TO PROGRAMS

EXPENSES \$ 1,915,372. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PART III, LINES 4A-4D:

PURSUANT TO THE COVID-19 PANDEMIC, NWS CANCELED ALL LIVE EVENTS AT NEW WORLD CENTER ON MARCH 12, 2020 FOR THE REST OF THE FISCAL YEAR. DEEP INVESTMENTS IN TECHNOLOGY OVER THE YEARS ALLOWED NWS TO RAPIDLY SCALE UP VIRTUAL ACTIVITIES TO ENSURE THE FELLOWSHIP PROGRAM CONTINUED, ALBEIT DIFFERENTLY THAN ORIGINALLY PLANNED.

FORM 990, PART VI, SECTION A, LINE 2:

TRUSTEES MADELEINE ARISON AND SARAH S. ARISON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

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THE CFO IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FEDERAL 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 FEDERAL FORM 990 UPON REQUEST BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES AND BOARD MEMBERS OF NWS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT MINIMIZE ACTUAL OF 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. 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS 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.

FORM 990, PART VI, SECTION C, LINE 19:

NWS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE

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TO THE PUBLIC UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE ON NWS' WEBSITE. THE FEDERAL FORM 990 IS ALSO AVAILABLE THROUGH ACCESS OF GUIDESTAR AND CHARITY NAVIGATOR.

Multiple horizontal lines for additional text entry.

COPY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **NEW WORLD SYMPHONY, INC.** Employer identification number **59-2809056**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALTON POINTE, LLC - 45-5001665 500 17TH STREET MIAMI BEACH, FL 33139	HOUSING	FLORIDA	428,034.	0.	NEW WORLD SYMPHONY, INC.

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

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

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

Schedule R (Form 990) 2019

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

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