| ** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax | | | | | | | | |
|---|---|--|---|-----------|---------------------------------|-------------------------------|--|--|
| Form 990 | | QN | | | | 0000 | | |
| | | 30 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. | | | | | |
| Department of the Treasury Internal Revenue Service | | | Go to www.irs.gov/Form990 for instructions and the | - | | Open to Public Inspection | | |
| | | | ar year, or tax year beginning JUL 1,2022 and en | nding J | UN 30, 2023 | | | |
| Вс | heck if | C Name of | organization | | D Employer identific | ation number | | |
| a | oplicab ⊐Addre | | | | | | | |
| | chang | ge NEW | WORLD SYMPHONY, INC. | | | · ~ | | |
| |]chanថ ∣Initial | pe Doing bu | usiness as | | 59-280905 | 00 | | |
| |]returr]Final | | and street (or P.O. box if mail is not delivered to street address) Ro 17TH STREET | oom/suite | E Telephone number (305) 428 | 8-6700 | | |
| L | ⊥returr termii ated | n- | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 35,386,153. | | |
| | Amer returr | ded MTAM | I BEACH, FL 33139 | | H(a) Is this a group ret | | | |
| | Appli | | nd address of principal officer: HUMBERTO ORTEGA | | for subordinates? | | | |
| | pendi | | AS C ABOVE | | H(b) Are all subordinates inc | luded? Yes No | | |
| ΙΤ | ax-ex | empt status: | | 527 | If "No," attach a l | ist. See instructions | | |
| | Vebsi | | NWS.EDU | | H(c) Group exemption | | | |
| | | f organization: | X Corporation Trust Association Other | L Year o | of formation: 1987 M | State of legal domicile: FL | | |
| Ра | rt I | Summary | | | | | | |
| e | 1 | Briefly describ | e the organization's mission or most significant activities: PREPAR | CADEE | DC IN ODCUE | | | |
| Governance | 0 | PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset | | | | | | |
| /err | 2 3 | Check this box | 34 | | | | | |
| Go | 4 | | ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b) | | | 34 | | |
| 8 8 | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | | 109 | | |
| itie | 6 | | of volunteers (estimate if necessary) | | | 40 | | |
| Activities & | 7 a | | d business revenue from Part VIII, column (C), line 12 | | | -967,439. | | |
| A | | | business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| | | | | | Prior Year | Current Year | | |
| e | 8 | Contributions | and grants (Part VIII, line 1h) | | 45,732,781. | 11,872,182. | | |
| enu | 9 | • | ce revenue (Part VIII, line 2g) | | 1,095,194. | 1,407,568. | | |
| Revenue | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 180,994. | -6,197,870. | | |
| щ | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -606,659. | -1,430,820. | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 46,402,310. | 5,651,060. | | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | <u>1,531,475</u> . 0. | 1,820,041. | | |
| | 14 | | o or for members (Part IX, column (A), line 4) | | 7,894,747. | 8,806,935. | | |
| ses | 15 16a | Brofossional fu | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | |
| Expenses | ioa b | Total fundraisi | undraising fees (Part IX, column (A), line 11e) | 7. | | | | |
| EXE | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 13,373,893. | 13,131,510. | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 22,800,115. | 23,758,486. | | |
| | 19 | | expenses. Subtract line 18 from line 12 | | 23,602,195. | -18,107,426. | | |
| or ses | | | · | Beç | jinning of Current Year | End of Year | | |
| Net Assets or Fund Balances | 20 | Total assets (F | Part X, line 16) | 2 | 79,723,631. | 278,590,819. | | |
| t AS: d Bá | 21 | | (Part X, line 26) | | 17,702,301. | 16,157,526. | | |
| Fun | 22 | | und balances. Subtract line 21 from line 20 | 2 | 62,021,330. | 262,433,293. | | |
| Pa | rt II | Signature | | | | | | |
| Unde | nder 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.

Т

| Sign | Signature of officer | | Dat | е | | | | |
|-------------|--|----------------------|---------|---------------------------|--|--|--|--|
| Here | HUMBERTO ORTEGA, SVP & CF | 0 | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | |
| Paid | AARON M. FOX | AARON M. FOX | 03/01/2 | 4 self-employed P01365820 | | | | |
| Preparer | Firm's name MARCUM, LLP | | Firr | n's EIN 11-1986323 | | | | |
| Use Only | Firm's address 1899 L STREET, NW | I, SUITE 850 | | | | | | |
| | WASHINGTON, DC 20 | 036 | Pho | one no. (202) 227-4000 | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 232001 12-1 | 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| 1 | Check if Schedule O contains a response or note to any line in this Part III | | <u> </u> |
|----|--|---|-----------------|
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? 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? If "Yes," describe these changes on Schedule O. | Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. | • • | nd |
| 4a | (Code:) (Expenses \$ 8,163,948. including grants of \$ 1,820,041.) (Revenue \$ THE FELLOWSHIP PROGRAM: | 1,407, | 568. |
| | THROUGH A WIDE RANGE OF PERFORMANCE AND INSTRUCTIONAL ACTINWS FELLOWSHIP PROGRAM SEEKS TO PROVIDE TIME AND SPACE FOR MUSICIAN LEADERS TO PREPARE FOR LONG AND SUCCESSFUL CAREER ACCOMPLISHED WITH A CURRICULUM THAT IS STRUCTURED INTO THE EXPERIENTIAL PILLARS: PERFORMANCE AND MUSICIANSHIP, AUDIEN | EMERGING S. THIS IS EE | |
| | COMMUNITY ENGAGEMENT, AND LEADERSHIP AND ENTREPRENEURSHIP. THROUGHOUT THESE PILLARS ARE THE ELEMENTS OF DISTANCE LEAF DIVERSITY, INCLUSION, AND BELONGING; AND WELLNESS. | WOVEN | TY, |
| 4b | EACH YEAR, MORE THAN 150 VISITING ARTISTS AND COACHES WORK (Code:)(Expenses \$7,978,403. including grants of \$) (Revenue \$ LEADERSHIP DEVELOPMENT: | | |
| | THROUGH ITS LEADERSHIP TRAINING, NWS IS EQUIPPING FELLOWS EXPERIENCE AND SKILLS TO DESIGN PROGRAMS, MEDIA, OR PRODUC COMMUNITY AND AUDIENCE MEMBERS WITH CLASSICAL MUSIC. NWS E (BUILD, LEARN, UNDERSTAND, EXPERIMENT) COMBINE NWS'S LEADE ENTREPRENEURSHIP CURRICULUM WITH HANDS-ON EXPERIMENTATION, FELLOWS AN OPPORTUNITY TO EXPLORE PASSION PROJECTS THAT AF THEIR GOALS AS CLASSICAL MUSICIANS WHILE DEVELOPING A COME SKILL THAT COMPLEMENTS THEIR ARTISTIC AND ORCHESTRAL TRAIN | TS TO ENGA BLUE PROJEC RSHIP AND ALLOWING RE RELEVANT PREHENSIVE | TS |
| 4c | EACH PROJECT IS ASSIGNED A MENTOR WHO PROVIDES INDIVIDUALI (Code:)(Expenses \$185,544. including grants of \$) (Revenue \$ COMMUNITY ENGAGEMENT: | | |
| | COMMUNITY ENGAGEMENT IS AN IMPORTANT PART OF THE NWS'S MIS 21ST-CENTURY MUSICIAN NEEDS A SET OF NON-MUSIC SKILLS IN A EXCEPTIONAL MUSICAL TECHNIQUE. NWS'S COMMUNITY ENGAGEMENT LEARNING EXPERIENCES FOR THE FELLOWS AND FOR OUR PARTNERS FLORIDA COMMUNITY, ACROSS THE U.S., AND INTERNATIONALLY. T ARRAY OF MUSICAL AND EDUCATIONAL OFFERINGS PROVIDES FAMILI TEACHERS, AND ADULTS OF ALL AGES OPPORTUNITIES TO LEARN AN EXPERIENCE CLASSICAL MUSIC. NWS'S COMMUNITY ENGAGEMENT ACT INCLUDE THE FOLLOWING: | ADDITION TO PROGRAMS A IN THE SOU THE BROAD ES, STUDEN ID TO | RE TH |
| | Other program services (Describe on Schedule O.) (Expenses \$ 2,226,531. including grants of \$) (Revenue \$ Total program service expenses 18,554,426. |) | |
| | SEE SCHEDULE O FOR CONTINUATION(S) | Form 9 | 90 (202) |

 Form 990 (2022)
 NEW WORLD SYMPHONY, INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| - | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | v | |
| ~ | Schedule D, Part III | 8 | <u>X</u> | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Λ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| ~ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ь | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u>X</u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| 232003 | 12-13-22 | Form | 990 | (2022) |

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232003 12-13-22

| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | |

| | | | 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? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u>X</u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 12 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 217 | | .00 | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| Ū | (gambling) winnings to prize winners? | 1c | х | |
| 23200/ | 12-13-22 | | | (2022) |
| 202002 | | 1 0111 | | (-022) |

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| Form | <u>990 (2022)</u> NEW WORLD SYMPHONY, INC. 59-2809 | 056 | P | _{age} 5 | |
|--|---|------------|-----|------------------|--|
| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
| | | | Yes | No | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 109 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x | |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | |
| | to file Form 8282? | 7c | | x | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| | Gross income from members or shareholders 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | <u> </u> | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| a | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| - | organization is licensed to issue qualified health plans 13b | | | | |
| | Enter the amount of reserves on hand | 14- | | x | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i> | 14a 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | <u> </u> | |
| 15 | excess parachute payment(s) during the year? | 15 | | x | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | |
| 16 | | 16 | | x | |
| 10 | Is the organization an educational institution subject to the section 4968 excise tax on het investment income? | 10 | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | |
| | If "Yes," complete Form 6069. | | | | |
| 232005 | i 12-13-22 | Form | 990 | (2022) | |

| 14560301 150872 10694 |
|-----------------------|
|-----------------------|

⁵ 2022.05060 NEW WORLD SYMPHONY, INC. 106946_1

| Form | 990 | (2022) |
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NEW WORLD SYMPHONY, INC.

| 59-2809056 | Page 6 |
|------------|--------|
|------------|--------|

 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

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | | | | Yes | No |
|------|--|----------|-----------------------|--------|----------|-------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 34 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 34 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | X X X |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point o | one or | | | |
| | more members of the governing body? | | | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste | | | | | |
| | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the | e following: | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | apters | , 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 | befor | e filing the form? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," de | escribe | | | |
| | on Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | ~ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | by ind | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 45.0 | х | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| U | Other officers or key employees of the organization | | | 15b | - 23 | |
| 16-2 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | iont w | ith a | | | |
| 104 | | | | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | 100 | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate | | - | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | <u> </u> | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $_{ m FL}$, NY | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | nd 990 | T (section 501(c)(3)s | only) | availat | ole |
| | 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 Sc | hedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | | | financ | cial | |
| | 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 boo | ks and | l records | | | |
| | HUMBERTO ORTEGA - (305) 428-6700 | | | | | |
| | 500 17TH STREET, MIAMI BEACH, FL 33139 | | | | | |

232006 12-13-22

6 2022.05060 NEW WORLD SYMPHONY, INC.

106946_1

| Part VII | Compensation of Officers, | Directors, Trustees, | , Key Employees, | , Highest Compensat | ec |
|----------|---------------------------|----------------------|------------------|---------------------|----|
| | Employees, and Independer | ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) | (B) | (C) | | | | | | (D) | (E) | (F) |
|--------------------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | Position (do not check more than one | | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | | | recio | i/irus | lee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | ll trus | | /ee | mpen | | 1099-NEC) | 1033-1120) | and related |
| | below | dual t | Institutional trustee | - | mplo | st co | Ŀ | | | organizations |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | 5 |
| (1) HOWARD HERRING | 60.00 | | | | | | | | | |
| PRESIDENT & CEO | | | | X | | | | 368,750. | Ο. | 22,395. |
| (2) DAVID PHILLIPS, CFO | 40.00 | | | | | | | | | |
| UNTIL 09/23, EVP FOR FACILITIES & IT | | | | X | | | | 258,957. | Ο. | 21,287. |
| (3) MAUREEN O'BRIEN | 40.00 | | | | | | | | | |
| EVP, INSTITUTIONAL ADVANCEMENT | | | | | х | | | 234,385. | Ο. | 20,249. |
| (4) MARTIN SHER | 40.00 | | | | | | | | | |
| SVP, ARTISTIC PLANNING & PROGRAMS | | | | | х | | | 203,788. | Ο. | 25,353. |
| (5) CASSIDY CARLSON | 40.00 | | | | | | | | | |
| SVP, MUSICIAN ADVANCEMENT | | | | | Х | | | 175,165. | Ο. | 23,994. |
| (6) ASHLEY SKINNER | 40.00 | | | | | | | | | |
| SVP, INST'L CULTURE & INCLUSION | | | | | | X | | 156,231. | 0. | 13,591. |
| (7) PAUL WOEHRLE | 40.00 | | | | | | | | | |
| VP, CAPITAL AND PLANNING GIVING | | | | | | X | | 147,849. | 0. | 16,103. |
| (8) HUMBERTO ORTEGA | 40.00 | | | | | | | | | |
| VP, FINANCE - UNTIL 09/23, SVP & CFO | | | | Х | | | | 144,423. | 0. | 15,870. |
| (9) CLYDE SCOTT | 40.00 | | | | | | | | | |
| VP AND CREATIVE DIRECTOR | | | | | | X | | 144,985. | 0. | 13,603. |
| (10) JULISA FUSTE | 40.00 | | | | | | | | | |
| VP, DEVELOPMENT | | | | | | X | | 133,950. | 0. | 19,586. |
| (11) KATHLEEN DROHAN, VP, | 40.00 | | | | | | | | | |
| COMMUNICATIONS & PUBLIC RELATIONS | | | | | | X | | 131,391. | 0. | 11,000. |
| (12) WILLIAM M. OSBORNE III | 5.00 | | | | | | | | | |
| CHAIRPERSON | | Х | | Х | | | | 0. | 0. | 0. |
| (13) ADAM CARLIN | 1.00 | | | | | | | | | |
| VICE CHAIRPERSON | | Х | | Х | | | | 0. | 0. | 0. |
| (14) IRA M. BIRNS, TRUSTEE, | 1.00 | | | | | | | | | |
| VC/TREASURER/CHAIR OF FIN COMM | | Х | | Х | | | | 0. | 0. | 0. |
| (15) MARIO DE ARMAS | 1.00 | | | | | | | | | |
| VC/TREASURER/CHAIR OF FIN COMM | | Х | | Х | | | | 0. | 0. | 0. |
| (16) DOROTHY A. TERRELL | 1.00 | | | | | | | | | |
| VC/SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (17) SHELDON T. ANDERSON | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | | | | | | | Form 990 (2022) |

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232007 12-13-22

Form 990 (2022)

14560301 150872 106946

| Form | 990 | (2022) |
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| | | |

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
|--|------------------------|--------------------------------|----------------------|--------------|--------------|---------------------------------|---------|---------------------------|---------------------|------------------------|--|--|--|
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) | | | |
| Name and title | Average | <i>.</i> | | Posi | | | | Reportable | | | | | |
| | hours per | | | | | than d is both | | compensation | compensation | amount of | | | |
| | week | offic | cer an | d a di | irecto | or/trus | tee) | from | from related | other | | | |
| | (list any | ector | | | | | | the | organizations | compensation | | | |
| | hours for | r dire | 0 | | | ted | | organization | (W-2/1099-MISC/ | from the | | | |
| | related | stee o | ruste | | | Densa | | (W-2/1099-MISC/ | 1099-NEC) | organization | | | |
| | organizations below | al tru: | onal t | | loyee | e com | | 1099-NEC) | | and related | | | |
| | line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | | | |
| | , | Inc | Ĩ | 0f | Ke | ΞĒ | ß | | | | | | |
| (18) MADELEINE ARISON | 1.00 | | | | | | | | 0 | | | | |
| TRUSTEE | 1 00 | х | | | | | | 0. | 0. | 0. | | | |
| (19) SARAH S. ARISON | 1.00 | | | | | | | | • | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (20) MARTY BARON | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (21) KATHERINE BORMANN | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (22) MATTHEW A. BUDD, M.D. | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (23) MATTHEW W. BUTTRICK | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (24) BRUCE E. CLINTON | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | | | |
| (25) ANN DRAKE | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. | | | |
| (26) HOWARD FRANK | 1.00 | | | | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. | | | |
| 1b Subtotal | • | | | | | | | 2,099,874. | 0. | 203,031. | | | |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0. | 0. | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,099,874. | 0. | 203,031. | | | |
| 2 Total number of individuals (including but n | | | | | | | | eceived more than \$100,0 | 00 of reportable | • | | | |
| compensation from the organization | | | | | | , | | , | • | 18 | | | |
| | | | | | | | | | | Yes No | | | |
| 3 Did the organization list any former officer, | director, truste | ee, k | ev e | mple | ove | e, or | hio | hest compensated emplo | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 X | | | |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 X | | | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? <i>If "Yes." com</i> | | | | | | | | | | 5 X | | | |
| Section B. Independent Contractors | | 2010 | <i>л</i> зи | CHĻ | 5013 | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100.000 of compensi | ation from | | | |
| the organization. Report compensation for | - | - | | | | | | | | | | | |
| (A) | | | | <u>g</u> | | | | (B) | | (C) | | | |
| Name and business | address | | | | | | | Description of se | ervices | Compensation | | | |
| PARSONS AUDIO, LLC | | | | | | | | A/V EQUIPMENT | 1 | | | | |
| 192 WORCESTER STREET, WLL | ESLEY. | ΜА | 0: | 2.48 | 81 | | | SUPPLIER | | 717,210. | | | |
| PRO SOUND & VIDEO | | | | | | | _ | A/V BROADCAST | ٦ T | , _ , , 0 0 | | | |
| 1375 NE 123RD STREET, MIA | мт гт. | २२ | 16 | 1 | | | | INEGRATION CO | | 679,245. | | | |
| ASKONAS HOLT, 15 FETTER L | | | | | | | _ | ARTS MANAGEME | | 0,0,2100 | | | |
| UNITED KINGDOM EC4A 1BW | ищ н , 10 | | 011 | , | | | | COMPANY | | 549,800. | | | |
| THIERRY'S CATERING | | | | | | | _ | CULINARY AND | EVENT | 545,0000 | | | |
| 915 NW 72ND STREET, MIAMI | | 15 | ٥ | | | | | DESIGN | | 480,239. | | | |
| AJS SOLUTIONS COMPANY, 23 | | | | RD | T | | _ | JANITORIAL SE | | 1 00,233. | | | |
| SUITE 407, SUNNY ISLES BE | | | | | ±, | | | COMPANY | | 156,642. | | | |
| | | | | | the - | | | | ro thop | 130,042. | | | |
| 2 Total number of independent contractors (in | - | JUIN | nted | 1 tO t | thos 11 | | red | abovej who received mo | | | | | |
| SEE PART VII, SECTION | | TΝ | י גדד | <u>тт</u> | | | ਸੁਸ | ETS | | Form 990 (2022) | | | |
| OTT TWIT ATT' ORCITON | A CONT | т т и | JA. | т т (| 11 | ρ. | فلاله م | | | Form 🗸 🗸 (2022) | | | |

232008 12-13-22

| Part VII Section A. Officers, Directors | s, Trustees, Key Er | nplo | yee | s, ar | nd H | ligh | est (| Compensated Employe | es (continued) | 9056 |
|---|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| (A) | (B) | | - | (C | | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | ۲. | | | | lo yee | | the | organizations | compensatior from the |
| | (list any hours for | direct | | | | d emp | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization |
| | related | ee or (| stee | | | n sated | | (00-2/1033-10130) | | and related |
| | organizations | trust | al tru | | o yee | ompe | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | Cer | Key employee | Highest com pen sated em ployee | Former | | | |
| | line) | Indi | Inst | Officer | Key | Higt | Forr | | | |
| (27) JOHN FUMAGALLI | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (28) ROSE ELLEN GREENE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0 |
| (29) AKIVA GROSS | 1.00 | | | | | | | | | |
| TRUSTEE - UNTIL 04/23 | 1 00 | Х | | | | | | 0. | 0. | 0 |
| (30) MATT HAGGMAN | 1.00 | . . | | | | | | | | ~ |
| | 1 0 0 | Х | | | | | | 0. | 0. | 0 |
| (31) JOHN J. HALEY TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (32) RAY HAND | 1.00 | A | | | | | | 0. | 0. | 0 |
| RUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (33) NEISEN O. KASDIN | 1.00 | ^ | | | | | | 0. | 0. | 0 |
| IRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (34) GERALD KATCHER | 1.00 | | | | | | | 0. | 0. | 0 |
| IRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (35) MARK KINGDON | 1.00 | | | | | | | | | 0 |
| TRUSTEE - UNTIL 04/23 | 1.00 | x | | | | | | 0. | 0. | 0 |
| (36) WILLIAM KLEH | 1.00 | - 23 | | | | | | | | |
| IRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (37) RICHARD L. KOHAN | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (38) ENRIQUE LERNER | 1.00 | | | | | | | | • • | |
| TRUSTEE - UNTIL 07/22 | | х | | | | | | 0. | 0. | 0 |
| (39) ALAN LIEBERMAN | 1.00 | | | | | | | | | |
| TRUSTEE - UNTIL 04/23 | | х | | | | | | 0. | 0. | 0 |
| (40) WILLIAM L. MORRISON | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (41) ROBERT MOSS | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0 |
| (42) L. MICHAEL ORLOVE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0 |
| (43) STEPHEN L. OWENS | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0 |
| (44) PATRICIA M. PAPPER | 1.00 | 1 | | | | | | | _ | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0 |
| (45) TRACEY ROBERTSON CARTER | 1.00 | 1 | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | C |
| (46) JUDITH RODIN | 1.00 | 1_ | | | | | | _ | _ | - |
| TRUSTEE | | Х | | | | | | 0. | 0. | C |

232201 04-01-22

| Form 990 NEW WORLI | | | | | | | | | 59-280 | 9056 | | | | |
|---|--------------------------------|--------------------------------|-----------------------|----------|---------------|------------------------------|----------|--|--|---|--|--|--|--|
| | | nplo | yee | | | lighe | est (| Compensated Employees (continued) | | | | | | |
| (A) Name and title | (B) Average hours | (cł | | Pos | | арр | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | | | | |
| | | Individual trustee or director | Institutional trustee | Offlicer | Key em ployee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | | | | |
| (47) EDWARD MANNO SHUMSKY 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. | | | | |
| | | | | | | | | | | | | | | |
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| Total to Part VII. Soction A line 10 | I | | | 1 | I | 1 | <u> </u> | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1 | | <u> </u> | | | | |

232201 04-01-22

| ar | 990 (2 t VII | | | | | PHONY, IN | | | 59-2809 | 056 Pag |
|---------------------------|------------------------|---|------------|-----------------|------|---------------------|----------------------|---------------------------------|------------------|------------------------------|
| | | Check if Schedule O | conta | ains a respo | onse | or note to any line | | <u> </u> | (2) | |
| | | | | | | | (A) Totol revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exclu |
| | | | | | | | Total revenue | | business revenue | from tax und |
| | 4 - | E devete de como siene e | | 4-1 | | | | | | sections 512 - |
| Ints | | | | <u>1a</u> | | | | | | |
| not | | Membership dues | | | | 0.504.065 | | | | |
| An | | Fundraising events | | | | 2,504,367. | | | | |
| ilar | | d Related organizations 1d | | | | | | | | |
| Sin | | Government grants (contr | | | | 4,240,555. | | | | |
| E. | f | All other contributions, gifts, | | | | E 10E 0C0 | | | | |
| ÷ | | similar amounts not included | | | | 5,127,260. | | | | |
| and Other Similar Amounts | - | Noncash contributions included in | lines 1 | la-1f 1g | \$ | | 11 070 100 | | | |
| a | h | Total. Add lines 1a-1f | | | | | 11,872,182. | | | |
| | _ | | | | | Business Code | 1 200 672 | 1 200 672 | | |
| | 2 a | CONCERT REVENUES | | | | 711110 611600 | 1,298,672. | 1,298,672. | | |
| an | b | | | | | | 45,800. | 45,800. | | |
| /en | с. | BOX OFFICE FEES | | | | 561000 | 45,596. | 45,596. | | |
| Rev | d | | | | | | 17,500. | 17,500. | | |
| Revenue | e 4 | | | | | ├ | | | | |
| | t | All other program service Total. Add lines 2a-2f | | | | L | 1,407,568. | | | |
| + | <u> </u> | Investment income (includ | | | | ot and | 1,407,500. | | | |
| | 3 | · · | Ŭ | | | · | 1,825,752. | | 3,553. | 18221 |
| | 4 | Income from investment c | | | | racaads | 1,010,701. | | 5,555. | 10221 |
| | - 5 | | | | | loceeus | | | | |
| | 5 | Royalties | | (i) Rea | | (ii) Personal | | | | |
| | 6 2 | Gross rents | 6a | 1,960, | | | | | | |
| | | Gross rents | 6b | 2,931, | | | | | | |
| | | Rental income or (loss) | 6c | -970, | | | | | | |
| | | Net rental income or (loss) | 、 <u> </u> | | | | -970,992. | | -970,992. | |
| | | Gross amount from sales of |) | (i) Securi | | (ii) Other | 510,552. | | 5,0,552. | |
| | <i>i</i> a | assets other than inventory | 70 | 18,138, | | | | | | |
| | h | Less: cost or other basis | 1a | 10,100, | | | | | | |
| , | b | and sales expenses | 76 | 26,162, | 104 | | | | | |
| | • | Gain or (loss) | | | | | | | | |
| | | Net gain or (loss) | | | | | -8,023,622. | | | -80236 |
| | | Gross income from fundraisi | | | | | | | | |
| | 0 4 | including \$ 2, | • | • | | | | | | |
| 1 | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | | 8a | 156,650. | | | | |
| | h | | | | 8b | 641,843. | | | | |
| | | Net income or (loss) from | | | | | -485,193. | | | -485,1 |
| | | Gross income from gamin | | | | | | | | , |
| | υu | Part IV, line 19 | - | | 9a | | | | | |
| | b | | | | 9b | | | | | |
| | | Net income or (loss) from | | | | - | | | | |
| | | Gross sales of inventory, I | | | | | | | | |
| | | and allowances | | | 10a | | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| T | | | | | | Business Code | | | | |
| 0 | 11 a | OTHER INCOME | | | | 900099 | 15,279. | | | 15,2 |
| nu | b | REFUNDS | | | | 900099 | 10,086. | | | 10,0 |
| Revenue | с | | | | | | | | | |
| æ | d | All other revenue | | | | | | | | |
| | | Total. Add lines 11a-11d | | | | | 25,365. | | | |
| | 12 | Total revenue. See instruction | | | | | 5,651,060. | 1,407,568. | -967,439. | -66612 |

11

| Form 990 | (2022) |
|----------|--------|
|----------|--------|

NEW WORLD SYMPHONY, INC. 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).

| D- | Check if Schedule O contains a respon | (A) | (B) | (C) | (D) |
|--------|--|----------------|-----------------------------|---------------------------------|---|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | 1,820,041. | 1,820,041. | | |
| 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 | 1,588,261. | 647,481. | 677,633. | 263,147 |
| 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 | 5,768,062. | 4,217,718. | 205,700. | 1,344,644 |
| B | Pension plan accruals and contributions (include | 0,,00,0020 | | | |
| | section 401(k) and 403(b) employer contributions) | 143,102. | 86,880. | 13,761. | 42,461 |
| 9 | | 814,612. | 488,903. | 160,464. | 165,245 |
| - | Other employee benefits | 492,898. | 308,875. | 58,593. | 125,430 |
| 0 | Payroll taxes | 492,090. | 500,075. | | 123,430 |
| 1 | Fees for services (nonemployees): | | | | |
| | Management | 27,822. | | 27,822. | |
| | Legal | | | - | |
| | Accounting | 108,581. | | 108,581. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 252,252. | 252,252. | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | 0 061 506 | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 2,320,726. | 2,261,596. | 30,765. | 28,365 |
| 2 | Advertising and promotion | 547,354. | | | 547,354 |
| 3 | Office expenses | 36,872. | 3,609. | 30,790. | 2,473 |
| 4 | Information technology | 411,544. | 290,067. | 12,645. | 108,832 |
| 5 | Royalties | 84,682. | 84,682. | | |
| 6 | Occupancy | 2,092,009. | 1,826,680. | 221,915. | 43,414 |
| 7 | Travel | 281,202. | 250,818. | 22,613. | 7,771 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 6,540. | 6,500. | 40. | |
| 0 | Interest | 458,340. | 333,504. | 120,591. | 4,245 |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 4,638,571. | 4,396,945. | 103,554. | 138,072 |
| 3 | Insurance | 188,576. | 2,500. | 186,076. | |
| 4 | 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.) | | | | |
| а | MISCELLANEOUS | 1,223,569. | 822,505. | 299,280. | 101,784 |
| b | ARTISTIC PROGRAMMING | 452,870. | 452,870. | | |
| c | | • | | | |
| d | | | | | |
| | All other expenses | | | | |
| е 5 | Total functional expenses. Add lines 1 through 24e | 23,758,486. | 18,554,426. | 2,280,823. | 2,923,237 |
| 5 6 | Joint costs. Complete this line only if the organization | | _0,001,1000 | _,, | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | reported in column (B) joint costs from a combined | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 10100 III IUIIUWIIIY SUP 98-2 (ASU 958-720) | | | | Form 990 (20 |

12

14560301 150872 106946

NEW WORLD SYMPHONY, INC. Part X Balance Sheet

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

| | | | | (A) Beginning of year | | (D) End of year |
|-----------------------------|-----|--|---------------------------|--------------------------|-------------|--------------------|
| | 1 | Cash - non-interest-bearing | | 237,092. | 1 | 4,174. |
| | 2 | Savings and temporary cash investments | | · · · | 2 | · · · |
| | 3 | Pledges and grants receivable, net | | 28,742,016. | 3 | 20,372,410. |
| | 4 | Accounts receivable, net | | 115,862. | 4 | 133,740. |
| | 5 | Loans and other receivables from any current or fo | | | _ | |
| | | trustee, key employee, creator or founder, substar | | | | |
| | | controlled entity or family member of any of these | | | 5 | |
| | 6 | Loans and other receivables from other disqualifie | | | | |
| | | under section 4958(f)(1)), and persons described in | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| As | 9 | | | 1,105,886. | 9 | 1,108,788. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a 205,271,783. | | | |
| | b | | 10b 70,956,469. | 137,651,078. | 10c | 134,315,314. |
| | 11 | | | 80,736,586. | 11 | 90,028,453. |
| | 12 | Investments - other securities. See Part IV, line 11 | 30,683,759. | 12 | 32,518,330. | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 451,352. | 15 | 109,610. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | 279,723,631. | 16 | 278,590,819. |
| | 17 | Accounts payable and accrued expenses | | 1,139,241. | 17 | 1,109,934. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 605,688. | 19 | 640,220. | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Pa | art IV of Schedule D | | 21 | |
| ŝ | 22 | Loans and other payables to any current or former | r officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substar | ntial contributor, or 35% | | | |
| iabi | | controlled entity or family member of any of these | persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelate | ed third parties | 15,957,372. | 23 | 14,407,372. |
| | 24 | Unsecured notes and loans payable to unrelated t | third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | | | | |
| | | parties, and other liabilities not included on lines 1 | 17-24). Complete Part X | | | |
| | | of Schedule D | | | 25 | |
| | 26 | | | 17,702,301. | 26 | 16,157,526. |
| ú | | Organizations that follow FASB ASC 958, check | k here X | | | |
| ice. | | and complete lines 27, 28, 32, and 33. | | 107 201 400 | | 106 560 511 |
| alar | 27 | | | 127,381,489. | 27 | 126,569,711. |
| ä | 28 | | | 134,639,841. | 28 | 135,863,582. |
| ŭ | | Organizations that do not follow FASB ASC 958 | 8, check here | | | |
| ш Ъ | | and complete lines 29 through 33. | | | | |
| Net Assets or Fund Balances | 29 | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or equi | | | 30 | |
| зtА | 31 | Retained earnings, endowment, accumulated inco | | 262,021,330. | 31 | 262,433,293. |
| ž | 32 | Total net assets or fund balances | | 279,723,631. | 32 | 278,590,819. |
| | 33 | Total liabilities and net assets/fund balances | | 413,143,031. | 33 | <u>278,390,819</u> |

(A)

Form 990 (2022)

(B)

| Form | 1990 (2022) NEW WORLD SYMPHONY, INC. | 59- | -28090 | 56 | Pag | _{ge} 12 |
|------|--|----------|----------|-----|------|------------------|
| Pa | rt 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 | | 651 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 758 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -18, | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 262, | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 18, | 519 | , 38 | <u>89.</u> |
| 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 | 262, | 433 | , 29 | <u>93.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | — I | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | ····· - | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | ····· - | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule C |). | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | ŀ | 3a | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | L |

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|-------------------|
| 2022 |
| Open to Public |

Inspection

Name of the organization

| Name of | ame of the organization Employer identification number | | | | | | | |
|-----------|---|-------------------------|---|-------------------------------------|-----------------|------------------|--------------|----------------------------|
| | NEW | WORLD SYMPI | HONY, INC. | | | | 5 | 9-2809056 |
| Part I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The orgar | nization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | |
| 1 | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | l)(A)(i). | | |
| 2 X | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | ו 990).) | | | | |
| 3 🛄 | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A | (iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | |
| 5 | An organization operated for | | lege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| | section 170(b)(1)(A)(iv). (0 | | | | | | | |
| 6 | A federal, state, or local go | • | | | | . , | | |
| 7 📖 | An organization that norma | - | ntial part of its support fi | om a gove | ernmental | unit or from th | le general | oublic described in |
| • | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | A community trust describe | | | - | d in coni | notion with a | land grant | |
| 9 | An agricultural research org | - | | | - | | - | • |
| | or university or a non-land-c university: | grant college of agrici | | | lame, city | , and state of | the college | |
| 10 | An organization that norma | Ilv receives (1) more | than 33 1/3% of its supr | ort from o | ontribution | s membereb | in fees and | d aross receipts from |
| | activities related to its exen | | | | | | | |
| | income and unrelated busir | | | | | | | - |
| | See section 509(a)(2). (Co | | (1000 000 101 0 1 1 101 9 1 1 | | eee aequi | | | |
| 11 | An organization organized a | • • | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | |
| 12 | An organization organized a | • | , . | • | | | rry out the | purposes of one or |
| | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section & | 509(a)(3). | Check the box on |
| | lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | olete lines | 12e, 12f, and | 12g. | |
| a | Type I. A supporting orga | anization operated, si | upervised, or controlled | by its supp | orted org | anization(s), ty | pically by | giving |
| | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | upporting |
| | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ving |
| | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| _ | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | Type III functionally inte | | | | | | ly integrate | ed with, |
| _ | its supported organization | .,., | • | | | - | | |
| d 🗌 | Type III non-functionally | | | | | | - | |
| | that is not functionally int | | | • | | - | an attentiv | /eness |
| _ | requirement (see instruct | , | • | | | | | |
| e | Check this box if the orga | | | | | Type I, Type | II, Type III | |
| f Ent | functionally integrated, or | | | | | | | |
| | er the number of supported on vide the following informatior | • | d organization(c) | | | | | |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | monetary | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No No | support (see ir | structions) | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |
| | | | | | | | | |

| Sec | tion A. Public Support | | | | | | |
|------|---|----------|-----------------|---------------------------------------|----------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | 1 | | 1 | 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | · · · · | | \ | | | 40 | |
| 12 | Gross receipts from related activities, | - | | · · · · · · · · · · · · · · · · · · · | | | |
| 13 | First 5 years. If the Form 990 is for the | - | | | • | | |
| Sec | organization, check this box and stor ction C. Computation of Public | | | | | | ····· |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | % |
| 15 | | | | | | 15 | <u> </u> |
| | 33 1/3% support test - 2022. If the | | | | | · · · · | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the | | - | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | • • | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| b | 10% -facts-and-circumstances test | - | | | • | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circl | | | | | | |
| | | | | | | | |

NEW WORLD SYMPHONY, INC.

fails to qualify under the tests listed below, please complete Part III.)

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

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

Schedule A (Form 990) 2022

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232022 12-09-22

Schedule A (Form 990) 2022

Part II

| Schedule A (F | orm 990 | 202 (|
|---------------|---------|-------|
|---------------|---------|-------|

 Schedule A (Form 990) 2022
 NEW WORLD SYMPHONY , INC.

 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

| qualif | y under the tests | listed below, | please com | plete Part II.) |
|---------------|-------------------|---------------|------------|-----------------|
| Section A. Pu | blic Support | | | |

| Sei | Subir A. Fublic Support | | | | | | |
|-----------|--|-----------------------|-----------------------|---------------------|---------------------|-----------|--------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 20 | 022 (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 per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | • | • | • | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 20 | 022 (f) Total |
| | Amounts from line 6 | | | | | | |
| | 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 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | <u> </u> | | <u> </u> | | |
| | | | | | year as a section 5 | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | , | |
| 15 | Public support percentage for 2022 (| line 8, column (f), c | livided by line 13, o | column (f)) | | 15 | % |
| <u>16</u> | Public support percentage from 2021 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Income | e Percentage | | | | |
| | Investment income percentage for 20 | - | | | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 198 | a 33 1/3% support tests - 2022. If the | | | | | | a line 17 is not |
| - | more than 33 1/3%, check this box a | - | • | | • • | | |
| b | 33 1/3% support tests - 2021. If the | - | | | | | |
| _ | 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 | on did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see ins | | <u></u> |
| 23202 | 23 12-09-22 | | 4 🗖 | | | Sch | nedule A (Form 990) 2022 |
| | | | 17 | | | | |

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NEW WORLD SYMPHONY, INC.

1

Yes No

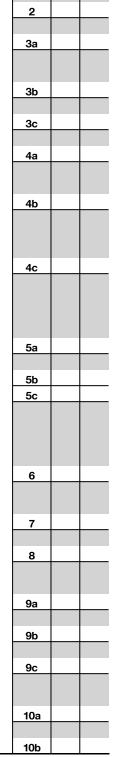
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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| Part IV | Supporti | ing Orga | nizations | (continued |
|------------|--------------|----------|-----------|------------|
| Schedule A | (Form 990) 2 | 2022 | NEW | WORLD |

NEW WORLD SYMPHONY, INC.

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2

| | | | Yes | No |
|-----|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization is activities. If the organization had more than one supported | | | |

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

rait vi now providing such benefit carried but the purposes of the supported organization(s) that operated,

| Supe | erviseu. Or u | | | organization. | |
|---------|---------------|----------|------------|---------------|--|
| Section | C. Type | II Suppo | rting Orga | nižations | |

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

| Section D. All | Type III Supporting | Organizations |
|----------------|---------------------|---------------|
|----------------|---------------------|---------------|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c 🗌 | The organization supported a | governmental entity. Desc | ribe in Part VI how y | you supported a gove | rernmental entity (see inst | truction <u>s).</u> |
|-----|------------------------------|---------------------------|------------------------------|----------------------|-----------------------------|---------------------|
|-----|------------------------------|---------------------------|------------------------------|----------------------|-----------------------------|---------------------|

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

14560301 150872 106946

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
|------|--|---------------|-----------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations must | st complete | e Sections A through E. | |
| Sect | on 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 | | |
| Sect | on 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): | | | |
| а | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrat | ed Type III supporting orga | nization (see |

 Schedule A (Form 990) 2022
 NEW WORLD SYMPHONY, INC.

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

Schedule A (Form 990) 2022

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instructions).

Schedule A (Form 990) 2022

 Image: Schedule A (Form 990) 2022

NEW WORLD SYMPHONY, INC.

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | | |
|--|---|-----------------------------------|--------------------------------|----------------------------------|--|--|--|--|
| Sect | Section D - Distributions Current Year | | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | 1 | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | s 3 | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | | | | |
| - | (provide details in Part VI). See instructions. | | 8 | | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | | | |
| 10 | | (i) | (ii) | (iii) | | | | |
| Sect | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2022 | Distributable Amount for 2022 | | | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | | |
| а | From 2017 | | | | | | | |
| b | From 2018 | | | | | | | |
| с | From 2019 | | | | | | | |
| d | From 2020 | | | | | | | |
| е | From 2021 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| q | Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2022 distributable amount | | | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | | | |
| - | line 7: \$ | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2022 distributable amount | | | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | | | | |
| 0 | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| | | | | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | | | | |
| 0 | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| | Excess from 2018 | | | | | | | |
| | Excess from 2019 | | | | | | | |
| | Excess from 2020 | | | | | | | |
| | Excess from 2021 | | | | | | | |
| е | Excess from 2022 | | | | | | | |

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| Schedule A | (Form 990) 2022 | NEW | WORLD | SYMPHONY, | INC. | | 59-2809056 | Page 8 |
|----------------|--|--|--------------------------------|---|------------------------------------|----------------------------|--|----------------|
| Part VI | Part IV, Section A, line 1; Part IV, Sect | ines 1, 2, 3b, 3d ion D, lines 2 an | c, 4b, 4c, 5a d 3; Part IV, | , 6, 9a, 9b, 9c, 11a Section E, lines 10 | , 11b, and 11c c, 2a, 2b, 3a, a | ; Part IV, Section B, line | a or 17b; Part III, line 12; es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa litional information. | ı C, ırt V, |
| | (See instructions.) | | | | | | | |
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| | | | | <u> </u> | | | | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2022

Employer identification number

| 5 | 9 – | 28 | 09 | 0 | 56 |) |
|---|-----|----|----|---|----|---|
| | | | | | | |

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox{3}$ 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.

NEW WORLD SYMPHONY

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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

NEW WORLD SYMPHONY, INC.

Employer identification number

59-2809056

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>3,969,970.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Name, audress, and zir + + | \$1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>500,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$333,298. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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| Schedule B (Form § | 990) (2 | 2022) |
|--------------------|---------|-------|
|--------------------|---------|-------|

Name of organization

Page 3

Employer identification number

59-2809056

NEW WORLD SYMPHONY, INC.

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

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| ame of o | organization | | Employer identification number | | |
|--------------------------|---|---|---|--|--|
| IEW WO | ORLD SYMPHONY, INC. | | 59-2809056 | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea | | |
| a) No. from | | | | | |
| 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, a | Ind ZIP + 4 | Relationship of transferor to transferee | | |
| 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, a | Ind ZIP + 4 | Relationship of transferor to transferee | | |
| a) No. from | (h) Dumpers of sift | | (a) Description of how with is hold | | |
| 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, a | Ind ZIP + 4 | Relationship of transferor to transferee | | |
| 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, a | Ind ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| 3454 11-15 | 5-22 | 26 | Schedule B (Form 990) (20 | | |

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| | | | | | 0 0 MD No. 1545 0047 |
|------------|--|--|--|-------------------|--|
| SC | HEDULE D | | al Financial Statements | OMB No. 1545-0047 | |
| (Forn | n 990) | | nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2022 |
| | ment of the Treasury | A | Attach to Form 990. | | Open to Public |
| | l Revenue Service e of the organizati | | 0 for instructions and the latest information. | Employe | Inspection er identification number |
| Num | e er trie er gunizati | NEW WORLD SYMPHONY | , INC. | | 59-2809056 |
| Par | t I Organiza | | d Funds or Other Similar Funds or Ac | | |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | ie 6. | | |
| | | | ., | b) Funds a | nd other accounts |
| 1 | | nd of year | | | |
| 2 | Aggregate value o | | | | |
| 3 4 | | f grants from (during year) t end of year | | | |
| 5 | | | L I I I I I I I I I I I I I I I I I I I | s | |
| Ŭ | - | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be used or | | |
| | for charitable purp | oses and not for the benefit of the donor o | r donor advisor, or for any other purpose conferri | ng | |
| | impermissible priv | | | | Yes No |
| Par | t II Conserv | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part IV, | line 7. | |
| 1 | | servation easements held by the organization | · · · · · · | | |
| | | n of land for public use (for example, recrea | · _ | • • | |
| | — | f natural habitat n of open space | Preservation of a certif | lied historic | structure |
| 2 | | | fied conservation contribution in the form of a cor | servation (| easement on the last |
| - | day of the tax year | | | | at the End of the Tax Year |
| а | Total number of co | onservation easements | | 2a | |
| b | | | | 2b | |
| с | Number of conser | vation easements on a certified historic stru | ucture included in (a) | 2c | |
| d | Number of conser | vation easements included in (c) acquired a | after July 25,2006, and not on a | | |
| | | | | 2d | |
| 3 | | vation easements modified, transferred, rel | eased, extinguished, or terminated by the organiz | zation durir | ng the tax |
| | year | | | | |
| 4 5 | | where property subject to conservation eas tion have a written policy regarding the per | | | |
| 5 | - | orcement of the conservation easements it | | | Yes No |
| 6 | , | | handling of violations, and enforcing conservation | | |
| | | | | | |
| 7 | Amount of expense | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | ements du | ring the year |
| | | | | | |
| 8 | | • | re satisfy the requirements of section 170(h)(4)(B)(| | |
| 0 | | | an accomenta in its revenue and overcos statem | | Yes No |
| 9 | , | 8 | on easements in its revenue and expense stateme note to the organization's financial statements tha | | the |
| | | ounting for conservation easements. | | | |
| Par | t III Organiza | ations Maintaining Collections of | f Art, Historical Treasures, or Other Si | imilar As | sets. |
| | Complete it | f the organization answered "Yes" on Form | 1990, Part IV, line 8. | | |
| 1 a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement and bala | nce sheet | works |
| | of art, historical tre | easures, or other similar assets held for put | olic exhibition, education, or research in furtheran | ce of publi | C |
| | | | ncial statements that describes these items. | | |
| b | - | | 8, to report in its revenue statement and balance | | |
| | | | exhibition, education, or research in furtherance | of public s | ervice, |
| | - | ng amounts relating to these items: | | ¢ | |
| | | | | | |
| 2 | . , | | asures, or other similar assets for financial gain, p | | |
| - | 0 | unts required to be reported under FASB A | · · · · · | | |
| а | - | | | \$ _ | |
| b | | | | | |
| | | eduction Act Notice, see the Instructions | | | edule D (Form 990) 2022 |

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| 27 | 1 | |
|----|-----------|--|
| 0 | 0 - 0 - 0 | |

| Sche | dule D (Form 990) 2022 NEW WOR | LD SYMPHONY | Z, INC. | | | 59-2 | 280905 | 5 Р | age 2 |
|------|--|------------------------|-------------------------|--------------------|-------------|---------------|------------------------|------------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Ot | her Sim | ilar Ass | ets _{(contir} | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that mak | e signific | ant use of i | ts | | |
| | collection items (check all that apply): | | | | | | | | |
| а | X Public exhibition | d | Loan or excl | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how they further th | e organization's e | exempt pu | urpose in P | art XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | f art, historical treas | ures, or other sim | nilar asset | S | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Pa | TIV Escrow and Custodial Arrang reported an amount on Form 990, Par | | te if the organization | n answered "Yes' | ' on Form | 990, Part I | IV, line 9, or | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedi | ary for contributions | or other assets r | not includ | ed | | | |
| | on Form 990, Part X? | | • | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | _ |
| | | | Ū | | Γ | | Amoun | t | |
| с | Beginning balance | | | | · | 1c | | | |
| d | Additions during the year | | | | L | 1d | | | |
| | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escrow or cu | stodial account li | ability? | | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | <u></u> | <u></u> | | |
| Pa | t V Endowment Funds. Complete i | | | | | <u> </u> | | | |
| | | (a) Current year | (b) Prior year | (c) Two years bac | | iree years ba | | | |
| 1a | Beginning of year balance | 130,610,775. | 123,604,075. | 102,543,96 | | 4,418,75 | | 017, | |
| b | Contributions | 1,368,744. | 30,696,700. | - | | 1,667,68 | | 150, | |
| С | Net investment earnings, gains, and losses | 12,318,598. | -15,806,633. | 25,747,74 | 2. | 1,957,34 | 3. 5 | ,859, | 692. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | F 054 000 | F 000 00F | 5 0 6 0 0 1 | _ | - 400 01 | | 600 | 504 |
| | and programs | 7,254,023. | 7,883,367. | 5,263,81 | 1. | 5,499,81 | .4. 7 | ,609, | 524. |
| f | Administrative expenses | 127 044 004 | 120 610 775 | 100 604 07 | F 10 | 2 542 00 | 0 104 | 410 | 757 |
| g | End of year balance | | 130,610,775. | | 5. 10 | 2,543,96 | 8. 104, | 410, | /5/. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | |) held as: | | | | | |
| a | Board designated or quasi-endowment Permanent endowment 81.6658 | | _% | | | | | | |
| b | 10 1000 | % | | | | | | | |
| С | | - | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c shou | | tion that are hold an | d administered fo | r tho | | | | |
| Ja | Are there endowment funds not in the posses organization by: | ssion of the organiza | | | | |] | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Par | t X, line 1 | 0. | | | |
| | Description of property | (a) Cost or of | ther (b) Cost | or other (| c) Accum | ulated | (d) Boo | k valu | e |
| | | basis (investm | nent) basis | (other) | deprecia | tion | () | | |
| 1a | Land | | 11,16 | 5,000. | | | 11,16 | 5,0 | 00. |
| | Buildings | | 167,71 | 0,747. 50 |),961 | ,290.1 | 116,74 | 9,4 | 57. |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | ,000. | 5,56 | | |
| | Other | | 2,24 | 4,300. 1 | L,412 | | | 2,1 | |
| Tota | I . Add lines 1a through 1e. <i>(Column (d) must e</i> | qual Form 990, Part) | K. column (B), line 10 |)c.) | |] | 134,31 | 5,3 | 14. |
| | | | | | | Sched | lule D (Forn | n 990) | 2022 |

| (a) Description of security or cutating rank of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (c) Code hole of up (i) interests (c) (3) Other (c) (c) (4) INVESTMENTS IN LIMITED (c) (c) (6) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) | Part VII Investments - Other Securities. Complete if the organization answered "Yes" of | on Form 990. Part IV. line ⁻ | 11b. See Form 990. Part X. line 12. | |
|--|--|---|---|------------------------|
| (2) Closely held equity interests (3) Other (4) INVESTMENTS IN LIMITED (3) Other (5) PARTNERSHIPS 32,518,330. END-OF-YEAR MARKET VALUE (5) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (2) (8) (2) (2) (9) (2) (2) (9) (2) (2) (1) (2) (2) (3) (2) (3) (4) (2) (3) (7) (2) (3) (8) (2) (3) (9) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) | | | | d-of-year market value |
| (2) Closely held equity interests (3) Other (4) INVESTMENTS IN LIMITED (3) Other (5) PARTNERSHIPS 32,518,330. END-OF-YEAR MARKET VALUE (5) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (1) (6) (1) (1) (7) (1) (2) (8) (2) (2) (9) (2) (2) (9) (2) (2) (1) (2) (2) (3) (2) (3) (4) (2) (3) (7) (2) (3) (8) (2) (3) (9) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) | (d) Einensiel devivetives | | | |
| (a) Other (b) INVESTMENTS IN LIMITED (c) S2,518,330. (c) D (c) Description of investment (d) Description of investment (d) Description of investment (e) Description (f) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description (g) Description (g) Description <td>(0) Observations that is the second s</td> <td></td> <td></td> <td></td> | (0) Observations that is the second s | | | |
| (A) INVESTMENTS IN LIMITED (B) PARTNERSHIPS (C) (D) (D) (D) (D) (D) (D) (D) (E) (D) (F) (D) (D) (D) | | | | |
| IC Image: space of the s | | | | |
| (D) (E) (E) (F) (G) (G) (G) (| (B) PARTNERSHIPS | 32,518,330. | END-OF-YEAR MARKET | ' VALUE |
| (E) (F) (G) (| (C) | | | |
| (F) (3) (6) (3) (7) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) Description of investment (9) Description of investment (9) Description of investment (9) Description of investment (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) | (D) | | | |
| (G) (H) (H) 32,518,330. Part VIIII Investments - Program Related. Complete if the organization answered "Yes" or 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-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear market value (1) (c) Method of valuation: Cost or end-oryear | (E) | | | |
| (H) 32,518,330. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12. 32,518,330. 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. (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (d) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (f) (f) (1) (f) (f) (2) (f) (f) (1) (f) (f) (2) (f) (f) (1) (f) (f) (a) Description (b) Book value (1) (f) (f) (g) (g) (g) (g) (g) (g) (h) Must equal Form 990, Part X, col. (g) Jine 15. (g) (g) (g) Description of liability (g) | (F) | | | |
| Total. (d), (b) must equal Form 980, Part X, ed. (B) line 12) 32, 518, 330. Part YIII 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 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c) (c) (c) (g) (c) (c) (c) (g) (c) (c) (c) (h) (c) (c) (c) (g) (c) (c) | (G) | | | |
| 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) (b) Book value (c) Method of valuation: Cost or end of year market value (a) (b) (c) (c) <td>(H)</td> <td></td> <td></td> <td></td> | (H) | | | |
| 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) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (2) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (4) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (a) Corr (b) must equal Form 930, Part X, col. (B) line 13.) (c) (| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 32,518,330. | | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) (c) Method of valuation: Cost or end of year market value (2) (c) (c) (c) (c) (c) (3) (c) | | | | |
| (1) | - | | | |
| (2) (3) (4) (3) (4) (5) (6) (7) (7) (7) (7) (7) (8) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (7) (10) (10) (10) (11) (10) (10) (12) (10) (10) (13) (10) (10) (14) (10) (10) (15) (10) (10) (16) (10) (10) (17) (10) (10) (16) (10) (10) (17) (10) (10) (16) (10) (10) (17) (11) (11) (16) (11) (11) (17) (12) (12) (16) (11) (12) (17) (12) (13) (16) (14) (14) <tr< td=""><td>(a) Description of investment</td><td>(b) Book value</td><td>(c) Method of valuation: Cost or en</td><td>d-of-year market value</td></tr<> | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (9) | (1) | | | |
| (4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (1) (b) Book value (c) Book value (1) (b) Book value (c) Book value (1) (c) Description of liability (c) Description (a) Description of liability (b) Book value (c) Book value (1) Federal income taxes (c) Book value (c) Book value (2) (a) Description of liability (b) Book value (c) Book value (1) Federal income taxes (c) Book value (c) Book value (2) (a) Description of liability (b) Book value < | (2) | | | |
| (5) Image: Construct of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (b) Construct of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (2) (b) Book value (c) (3) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) | (3) | | | |
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| (7) (8) | | | | |
| (8) Image: Constraint of the im | | | | |
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| 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) (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Other Liabilities. (c) 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 (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) | | | | |
| 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) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (c) 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 (b) Book value (1) Federal income taxes (c) (c) (c) (d) (c) (e) (c) (f) Federal income taxes (g) (c) (g) (c) <td< td=""><td></td><td></td><td></td><td></td></td<> | | | | |
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| (1) | | | The ise Form 990, Fart A, line is. | (b) Book value |
| (2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (7) 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 (b) Book value (1) Federal income taxes (2) (3) (3) (b) Book value (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) (b) (c) (c) (c) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. | | | | |
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| (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 | | | | |
| 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 (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| 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 (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | 15) | | |
| 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | Part X Other Liabilities. | 10., | | |
| (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 | Complete if the organization answered "Yes" of | on Form 990, Part IV, line ⁻ | 11e or 11f. See Form 990, Part X, line 25 | 5. |
| (1) Federal income taxes | 1. (a) Description of liability | | | (b) Book value |
| (2) (3) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (5) (6) (7) (8) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (8) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (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 | | | | |
| (9) Total. (<i>Column (b) must equal Form 990, Part X, col. (B) line 25.</i>) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| 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 | | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | 25.) | | |
| | | | the organization's financial statements | that reports the |

NEW WORLD SYMPHONY, INC.

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 🚺

Schedule D (Form 990) 2022

59-2809056 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 NEW WORLD SYMPHONY, INC. | | 59-2809056 Page 4 |
|------|--|-------------------------|-------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per F | Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | а. | |
| 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: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | . 5 |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses per | r Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | а. | |
| 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: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | |
| Pa | rt 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 PIEC | E |
| 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
232054 09-01-22
30

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, 2023, 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 D (Form 990) 2022

232055 09-01-22

| (Form 990) | | Complete if the organization answered "Yes" on Form 990, Part IV, line 13, o Form 990-EZ, Part VI, line 48. | r | 20 | 22 |) | |
|------------|--|---|--------------|---------------------|------------------------------|----------|--|
| | ment of the Treasury I Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | | Open to Public Inspection | | |
| | e of the organizatio | NEW WORLD SYMPHONY, INC. | Employer id | entificati -2809 | | | |
| Pa | rtl | | | | | | |
| | | | | | YES | NO | |
| 1 | ÷ | tion have a racially nondiscriminatory policy toward students by statement in its charter, | | | v | | |
| • | | erning instrument, or in a resolution of its governing body? | | . 1 | X | - | |
| 2 | | tion include a statement of its racially nondiscriminatory policy toward students in all its broc | | 2 | x | | |
| 3 | | ther written communications with the public dealing with student admissions, programs, and on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet | scholarships | | | | |
| 3 | | mes during its tax year in a manner reasonably expected to be noticed by visitors to the | | | | | |
| | | bugh newspaper or broadcast media during the period of solicitation for students, or during the | he | | | | |
| | | if it has no solicitation program, in a way that makes the policy known to all parts of the gen | | | | | |
| | | es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | | 3 | х | | |
| | 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 SI | ERVES. | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 | Does the organiza | tion maintain the following? | | | | | |
| а | Records indicating | the racial composition of the student body, faculty, and administrative staff? | | . 4a | Х | | |
| | | ting that scholarships and other financial assistance are awarded on a racially nondiscrimina | tory basis? | 4b | Х | <u> </u> | |
| с | Copies of all catal | ogues, brochures, announcements, and other written communications to the public dealing | | | | | |
| | | ssions, programs, and scholarships? | | | X | _ | |
| d | | rial used by the organization or on its behalf to solicit contributions? | | 4d | Х | | |
| | If you answered "I | No" to any of the above, please explain. If you need more space, use Part II. | | | | | |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| F | Dece the exercise | tion discriminate by reas in any way with reasont to: | | - | | | |
| 5 | | tion discriminate by race in any way with respect to: | | 50 | | x | |
| | | r privileges? | | | | X | |
| 0 | Employment of fac | es? | | 50 50 | | X | |
| с Ь | Scholarships or ot | culty or administrative staff? her financial assistance? | | 50 5d | | X | |
| | | es? | | | | x | |
| | Use of facilities? | | | - - | 1 | X | |
| | | ? | | | | x | |
| | | lar activities? | | | | X | |
| | | /es" to any of the above, please explain. If you need more space, use Part II. | | | | | |
| | | · · · · · · · · · | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | _ | | | |
| 6a | Does the organiza | tion receive any financial aid or assistance from a governmental agency? | | 6a | Х | | |
| b | Has the organizati | on's right to such aid ever been revoked or suspended? | | . 6b | | X | |
| | | /es" on either line 6a or line 6b, explain on Part II. | | | | | |
| 7 | Does the organiza | tion 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering | | | | | |
| | racial nondiscrimir | nation? If "No," explain on Part II | <u></u> | . 7 | Х | | |

Schools

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

Schedule E (Form 990) 2022

OMB No. 1545-0047

232061 10-18-22

SCHEDULE E

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

NWS RECEIVES GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES TO FACILITATE

PROGRAMS IN FURTHERANCE OF ITS MISSION.

Schedule E (Form 990) 2022

14560301 150872 106946

| | | nt of Act organization a | | OMB No. 1545-0047 | | |
|---|---|---|---|----------------------|--|--|
| Department of the Treasury | _ | | Attach to Form 990. | | | Open to Public |
| Internal Revenue Service | Go to _W | ww.irs.gov/Form | 1990 for instructions and the latest in | nformation. | Employer | Inspection |
| Name of the organization | | | | | Employer | identification number |
| NEW WORLD SYMPH | ONY, INC | • | | | 59-280 | |
| | | ctivities Out | side the United States. Comple | ete if the organ | ization answe | ered "Yes" on |
| Form 990, Part I | | | | | | |
| | | | ds to substantiate the amount of its gran the selection criteria used to award the g | | | Yes No |
| 2 For grantmakers. Desc United States. | cribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistanc | e outside the |
| 3 Activities per Region. (T | he following Part | I, line 3 table ca | an be duplicated if additional space is no | eeded.) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (gram service, e specific type (s) in the regio | expenditures for and investments |
| CENTRAL AMERICA AND | | in the region | | | | |
| THE CARIBBEAN - | | | | | | |
| ANTIGUA & BARBUDA, | | | | | | |
| ARUBA, BAHAMAS, | 0 | 0 | INVESTING | | | 23,333,638. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 a Subtotal | 0 | 0 | | | | 23,333,638. |
| b Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | | 23,333,638. |

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

Schedule F (Form 990) 2022

232071 10-17-22

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|---|------------|---------------------------------|-----------------------------|---------------------------------|---|--|---|
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| | | | ecognized as charities by the f | | | L | | <u>I</u> |
| exempt 501(c)(3) orga 3 Enter total number of | | | or counsel has provided a sect | ion 501(c)(3) equ | vivalency letter | > | | |

232073 10-17-22

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|--------------------------|---|---|---------------------------------------|---|
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Schedule F (Form 990) 2022 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of (d) Amount of

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2022

Page 3

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | No |
|---|--|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | X Yes | 🗌 No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2022

| Supplemental Information | |
|--|----------------------------------|
| Provide the information required by Part I | line 2 (monitoring of funde): Pr |

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| 232075 10-17-22 Schedule F | (Form 990) 2022 |
|----------------------------|-----------------|
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| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 | |
|---|--|--|---|--|---|---------|--|--|--|
| (Form 990) | Complete if the | or if the | 2022 | | | | | | |
| Department of the Treasury | | | Open to Public | | | | | | |
| Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
| Name of the organizatior | | LD SYMPHONY, INC. | | | | | Employer id | entification number | |
| Part I Fundrais | | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 17 | | | |
| · · · | complete this part | | | | | | | | |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | ions email solicitations tations licitations on have a written o ed in Form 990, Pa | | tion of tion of fundra (incluc | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Ye | | |
| compensated at le | | | | | | | | - | |
| (i) Name and address or entity (func | | (ii) Activity | have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser :ed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | - | | | | |
| | | | | | | | | | |
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| Total | <u></u> | <u></u> | <u></u> | <u></u> | | | | | |
| 3 List all states in whi or licensing. | ch the organizatio | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is e | exempt from r | egistration | |
| | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

NEW WORLD SYMPHONY, INC.

59-2809056 Page 2

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|------------------|-------------------|--|-----------------------------|----------------------------|-----------------------|---|
| ט | | | (event type) | (event type) | (total number) | col. (c)) |
| ומגפווחם | 1 | Gross receipts | 2,661,017. | | | 2,661,017 |
| | 2 | Less: Contributions | 2,504,367. | | | 2,504,367 |
| | 3 | Gross income (line 1 minus line 2) | 156,650. | | | 156,650 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| nirect Experises | 7 | Food and beverages | 140,372. | | | 140,372 |
| اڌ | 8 | Entertainment | | | | 129,407 |
| | 9 | Other direct expenses | | | | 372,064 |
| | 10 | Direct expense summary. Add lines 4 throug | | | | 641,843 |
| | <u>11</u> rt I | Net income summary. Subtract line 10 from | line 3, column (d) | | | -485,193 |
| a | | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or | reported more than | |
| Т | | \$15,000 off Form 990-EZ, life 6a. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (a) |
| וופגפוומפ | | | | | | |
| - | 1 | Gross revenue | | | | |
| | | | | | | |
| 2 | 2 | Cash prizes | | | | |
| | | | | | | |
| Š | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | | └── Yes % | |
| | 6 | Volunteer labor | No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d) | | | |
| | | | | | | |
| | Ent | er the state(s) in which the organization cond | ucts gaming activities: | | | |
| а | ls t | he organization licensed to conduct gaming a | activities in each of these | states? | | Yes N |
| h | lf "I | No," explain: | | | | |
| D | | | | | | |
| U | | | | | | |
| | w | | evokea, suspendea, or te | | year : | Yes N |
| a | | re any of the organization's gaming licenses r Yes " explain: | | | | |
| а | | re any of the organization's gaming licenses r Yes," explain: | | | | |
| a | | | | | | |

| Sch | edule G (Form 990) 2022 | NEW WORLD | SYMPHONY, | INC. | 59-2 | 809056 | Page 3 |
|------|--|----------------------------|-----------------------|---|------------------|-------------------|-----------|
| 11 | Does the organization conduct | gaming activities with no | onmembers? | | | Yes | No |
| 12 | | | | of a partnership or other entity for | | _ | |
| | | | | | | Yes | No |
| | Indicate the percentage of gam | | | | | | 0/ |
| | | | | | | 13a 13b | <u>%</u> |
| | | | | s gaming/special events books and | | 100 | /0 |
| | | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| 15a | Does the organization have a co | ontract with a third party | from whom the or | ganization receives gaming revenue | e? | Yes | 🗌 No |
| | If "Vac " optor the amount of go | ming revenue received | w the eraphization | \$ and | the emount | | |
| L. | If "Yes," enter the amount of ga of gaming revenue retained by t | | | • and | the amount | | |
| c | If "Yes," enter name and address | | | | | | |
| | | | | | | | |
| | Name | | | | | | |
| | A status a s | | | | | | |
| | Address | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Gaming manager compensatior | ו \$ | | | | | |
| | Description of services provided | 4 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Director/officer | Employee | Indep | endent contractor | | | |
| 17 | Mandatory distributions: | | | | | | |
| | Is the organization required und | ler state law to make ch | aritable distributior | is from the gaming proceeds to | | | |
| | retain the state gaming license? | | | | | Yes | 🗌 No |
| b | | | | d to other exempt organizations or | spent in the | | |
| Da | organization's own exempt activity organization's own exempt activity of the second se | | | in the Dect L line Object burger (") | | L III I'm O (| |
| Га | | | | ired by Part I, line 2b, columns (iii) and formation. See instructions. | and (v); and Par | t III, lines 9, 9 | 90, 100, |
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| 2320 | 83 10-27-22 | | 41 | | Sched | ule G (Form | 990) 2022 |
| | | | 41 | | | | |

2022.05060 NEW WORLD SYMPHONY, INC. 106946_1

| Schedule G | G (Form 990) |
|------------|--------------|
| Dart IV | Supplan |

NEW WORLD SYMPHONY, INC.

| Part IV | Supplemental Informat | ion (continued) | | |
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| | | | | Schedule G (Form 990) |
| 232084 04-01-2 | 20 | | | |

232084 04-01-22

| SCHEDULE I | | G | rants and Oth | er Assistan | ce to Organ | izations. | | | OMB No. | 1545-0047 |
|---|-------------------------|------------------|---|---------------|-----------------------|-------------------------------------|----------------------|-------------------|---------------|-----------|
| (Form 990) | | Go | vernments, an | d Individua | ls in the Ŭni | ted States | | | 20 | 22 |
| Department of the Treasury | | Compr | ete il the organization | | | 1 1 1 1 1 1 1 1 1 1 1 | | | Open to | Public |
| Internal Revenue Service | | | Go to www.irs | | | ation. | | _ | • | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Name of the organization Employer iden Name of the organization on Grants and Assistance Employer iden 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for a recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of yealuation (g) Description of (h) Purp | | | | | | | | | | |
| | | | Corrants and Other Assistance to Organizations, Governments, and Individuals in the United States mplete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Insp MY, INC. Employer identificat 59 - 28 e the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection onitoring the use of grant funds in the United States. Image: Correct State Stat | <u>59-28</u> | 09056 | | | | | |
| •••••• | | | | | | | | | | |
| • | | | • | | • • • • | • | | _ | <u>र</u> ्ग्र | |
| Governments, and Individuals in the United States 20 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Inspective Service Open to Inspective Service Name of the organization NEW WORLD SYMPHONY, INC. Employer identification 59 - 28 for Service Service Part I General Information on Grants and Assistance Image: Service Service Service 1 Does the organization's procedures for monitoring the use of grant funds in the United States. Image: Service Service Service 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Service Service Service Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (f) Method of noncash recipient sprices (g) Description of noncash assistance (h) Purpose of or assistance | No No | | | | | | | | | |
| Part II Grants an | d Other Assistance to I | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | es" on Form 990, Par | t IV, line 21, fo | or any | |
| 1 (a) Name and ad | ddress of organization | | (c) IRC section | (d) Amount of | (e) Amount of noncash | valuation (book, FMV, appraisal, | | | | |
| | | | | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

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 |
|---|---------------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| TIPEND FOR PROGRAM PARTICIPANTS | 87 | 1,694,293. | 0. | BOOK VALUE | |
| | | | | | |
| TIPEND (SUBSTITUTES) PROGRAM ACTIVITIES | 223 | 125,748. | 0. | BOOK VALUE | |
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| Dent IV Overslamental Information Dentide the information | | | | | |

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.

| SCHED | ULE J | Compensation Information | 1 | OMB No. 1 | 545-004 | 47 |
|-----------------|--|---|-------------|--------------|---------|----------|
| (Form 9 | 90) | - | | 20 | 00 | |
| • | - | Compensated Employees | | 20 | 22 | , |
| Desertment | | | | Open to | Publ | ic |
| | | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | |
| Name of the | he organizatior | 1 | Employer in | dentificatio | on nui | nber |
| | Image: Participation of the service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Image: Participation of the treasury evenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Image: Participation of the organization Attach to Form 990. Image: Participation of the organization Employer ide Image: Participation of the organization Employer ide Image: Participation of the organization 59 – 28 | | | 80905 | 6 | |
| Part I | Question | s Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a Chec | k the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| Part | VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | harter travel Housing allowance or residence for perso | nal use | | | |
| | | | sidence | | | |
| | | | | | | |
| | Discretionary s | spending account Personal services (such as maid, chauffer | ır, chef) | | | |
| | | | | | | |
| - | | | | | | |
| | | | | <u>1b</u> | | |
| | | | | | | |
| truste | ees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | <u> </u> |
| 2 India | ata which if an | w of the following the exception used to establish the companyation of the exception's | | | | |
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| | | | | | | |
| | • | | ommittee | | | |
| | 10111 330 01 01 | | Ommittee | | | |
| 4 Durin | ng the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| orgar | nization or a re | lated organization: | | | | |
| a Rece | ive a severanc | e payment or change-of-control payment? | | 4a | | X |
| b Partic | cipate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X |
| c Partio | cipate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X |
| lf "Ye | es" to any of lin | es 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
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| - | - | | | | | |
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| | | | | | | X X |
| , | 0 | | | <u>6b</u> | | |
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| | | | | 7 | | x |
| | | es 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to tr | | 7 | | |
| | - | | | 8 | | x |
| | | | | o | | |
| | | d the organization also follow the rebuttable presumption procedure described in | | 9 | | |
| | | 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990. | | ule J (Forn | 000 | 2022 |
| LINA FUR | | | Sched | uie o (rom | 1 990) | 2022 |

232111 10-18-22

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.

| | | (B) Breakdown of W | -2 and/or 1099-MISC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-------------------------|-----|-----------------------|----------------------------------|------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive | (iii) Other reportable | compensation | | | reported as deferred on prior Form 990 |
| | | | compensation | compensation | | | | |
| (1) HOWARD HERRING | (i) | 368,750. | 0. | 0. | 12,200. | 10,195. | 391,145. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DAVID PHILLIPS, CFO | (i) | 258,957. | 0. | 0. | 10,359. | 10,928. | 280,244. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MAUREEN O'BRIEN | (i) | 234,385. | 0. | 0. | 9,375. | 10,874. | 254,634. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MARTIN SHER | (i) | 203,788. | 0. | 0. | 8,152. | 17,201. | 229,141. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CASSIDY CARLSON | (i) | 175,165. | 0. | 0. | 7,007. | 16,987. | 199,159. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ASHLEY SKINNER | (i) | 156,231. | 0. | 0. | 3,930. | 9,661. | 169,822. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) PAUL WOEHRLE | (i) | 147,849. | 0. | 0. | 5,914. | 10,189. | 163,952. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) HUMBERTO ORTEGA | (i) | 144,423. | 0. | 0. | 5,777. | 10,093. | 160,293. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) CLYDE SCOTT | (i) | 144,985. | 0. | 0. | 3,600. | 10,003. | 158,588. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JULISA FUSTE | (i) | 133,950. | 0. | 0. | 5,135. | 14,451. | 153,536. | 0. |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | ii) | | | | | | | |
| | (i) | | | | | | | |
| | ii) | | | | | | | |
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| | (i) | | | | | | | |
| | ii) | | | | | | | |
| | (i) | | | | | | | |
| | ii) | | | | | | | |

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



59-2809056

NEW WORLD SYMPHONY, INC.

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

ENSEMBLES.

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 ORCHESTRAL

PERFORMANCE AND MUSICIANSHIP, AUDITION PREPARATION, AUDIENCE AND

COMMUNITY ENGAGEMENT, LEADERSHIP DEVELOPMENT, AND WELLNESS. CO-FOUNDED

IN 1987 BY MICHAEL TILSON THOMAS AND TED AND LIN ARISON, AND NOW UNDER

THE ARTISTIC DIRECTORSHIP OF STEPHANE DENEVE, NWS SEEKS TO EXPAND ITS

87 FELLOWS' MUSICAL AND PROFESSIONAL HORIZONS BEYOND TRADITIONAL

CONSERVATORY TRAINING. VISITING FACULTY OFFER MASTER CLASSES, COACHING,

AND SEMINARS IN AUDITION TRAINING, PERFORMANCE PSYCHOLOGY,

COMMUNICATIONS, AND COMMUNITY ENGAGEMENT. NWS FELLOWS PERFORM WEEKLY

CONCERTS, PLAYING A DIVERSE REPERTOIRE IN AN ARRAY OF PERFORMANCE

FORMATS.

 NWS ENVISIONS A STRONG AND SECURE FUTURE FOR CLASSICAL MUSIC, SEEKING

 TO REDEFINE, REAFFIRM, AND SHARE ITS TRADITIONS WITH AS MANY PEOPLE AS

 POSSIBLE. NWS'S CAMPUS, NEW WORLD CENTER, OPENED IN JANUARY 2011 TO

 WORLDWIDE ACCLAIM. THE FACILITY WAS BUILT BASED UPON THE NEEDS OF NWS

 PROGRAMMING AND INVITES AND ENCOURAGES THE ORGANIZATION'S USE OF

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

 222211 10-28-22

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| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization NEW WORLD SYMPHONY, INC. | Employer identification number $59-2809056$ |
| TECHNOLOGY FOR ARTS EDUCATION, AUDIENCE DEVELOPMENT, AND C | OMMUNITY |
| OUTREACH AND ENGAGEMENT. USING DIGITAL TECHNOLOGY, VIDEO, | MOVING |
| IMAGES, AND LIGHTING, NWS IS BROADENING AND DIVERSIFYING A | UDIENCES 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 NON-DEGREE GRANTING MEMBER OF THE NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FELLOWS, OFFERING MASTER CLASSES AND PRIVATE LESSONS AS WELL AS INSTRUCTION IN AUDITION PREPARATION, PERFORMANCE PSYCHOLOGY, COMMUNICATIONS, AND COMMUNITY ENGAGEMENT. IN PURSUIT OF ARTISTIC EXCELLENCE, INSTRUMENTAL FACULTY WORK WITH FELLOWS ON TECHNIQUE, STYLISTIC SUBTLETIES, ORCHESTRAL SECTION LEADERSHIP, AND ENSEMBLE SKILLS; THEY HELP PREPARE PERFORMANCE REPERTOIRE, LEAD SECTIONAL REHEARSALS, COACH WITHIN ENSEMBLE SETTINGS, AND PLAY ALONGSIDE FELLOWS IN WEEKLY REHEARSALS AND PERFORMANCES. FELLOWS RECEIVE SPECIALIZED TRAINING ON HOW TO CONNECT WITH AUDIENCE MEMBERS IN THE CONCERT HALL AND IN THE COMMUNITY. NWS'S LEADERSHIP AND ENTREPRENEURSHIP CURRICULUM PREPARES FELLOWS TO BE CONFIDENT, INFLUENTIAL ARTISTS AND LEADERS IN WHATEVER PROFESSIONAL ENDEAVORS THEY PURSUE. LEVERAGING THE INTERNET2 NETWORK, NWS ALSO CONDUCTS LIVE ONLINE LESSONS, MASTER CLASSES, INTERVIEWS, AND REHEARSALS WITH MUSICIANS, COMPOSERS, AND PERFORMERS AROUND THE WORLD.

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WHILE AT NWS, FELLOWS CONFRONT THE DEMANDS OF A PROFESSIONAL PERFORMANCE SCHEDULE AND THE EXPECTATIONS THAT ACCOMPANY WORKING WITH ARTISTS OF THE HIGHEST CALIBER. EACH YEAR, NWS PRESENTS APPROXIMATELY 60 CLASSICAL MUSIC PERFORMANCES 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, AND A CONTEMPORARY MUSIC SERIES.

THE RESULT OF NWS'S MULTI-TIERED APPROACH IS AN EVER-GROWING CADRE OF FELLOWS AND ALUMNI EQUIPPED WITH A DEEP UNDERSTANDING OF DIVERSE STYLES AND TRADITIONS WITHIN CLASSICAL MUSIC; THE ABILITY TO ARTICULATE THIS IN THEIR PLAYING; AND THE SKILL TO SHARE THEIR UNDERSTANDING WITH AUDIENCES AND THE NEXT GENERATION OF MUSICIANS. SINCE NWS'S FOUNDING, MORE THAN 1,200 ALUMNI HAVE GONE ON TO MAKE A DIFFERENCE IN COMMUNITIES AND ORGANIZATIONS WORLDWIDE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROFESSIONAL DEVELOPMENT COACHING RELEVANT TO THE SPECIFIC PROJECT. OVER THE COURSE OF THE SEASON, FELLOWS DEVELOP PLANS IN CONSULTATION WITH MENTORS CONCERNING PROJECT ELEMENTS SUCH AS SELECTION OF PARTNERS, ARTISTIC PROGRAMMING, AUDIENCE IDENTIFICATION, AND SECURING A VENUE. ADDITIONALLY, MENTORS AND THEIR TEAMS RECEIVE ASSISTANCE FROM SPECIALISTS TO ENSURE COVERAGE OF ENTREPRENEURIAL TOPICS SUCH AS DESIGN THINKING, EVENT PRODUCTION, BUDGETING, MARKETING, PUBLIC RELATIONS, 232212 10-28-22 50

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2022.05060 NEW WORLD SYMPHONY, INC.

106946_1

| | Employed identification much or |
|--|---------------------------------|
| Name of the organization | Employer identification number |
| NEW WORLD SYMPHONY, INC. | 59-2809056 |
| | |
| AUDIENCE DEVELOPMENT, COVER LETTERS AND RESUMES, AND NEGOT | IATION. THESE |
| | |
| GROUP WORKSHOPS ARE LED BY NWS STAFF, CROSS-SECTOR PROFESS | TONALS AND |
| GROOT WORRDHOLD ARE HED DI HWD DIAFF, CRODD DECIOR IROFEDE | TONALD, AND |
| | |
| NWS ALUMNI WHO ARE LEADERS IN THEIR COMMUNITIES OR INSTITU | TIONS, OR WHO |
| | |
| HAVE STARTED THEIR OWN VENTURES. | |

FELLOWS CAN PURSUE MUSIC-BASED ACTIVISM, DESIGN AND INCUBATE THEIR OWN ENTREPRENEURIAL PROJECT, OR ENGAGE IN A PASSION-DRIVEN IDEA. THESE PROJECTS ALLOW FELLOWS TO DESIGN PROGRAMS THAT ARE SIGNIFICANT TO THEM PERSONALLY WHILE ENGAGING AUDIENCE MEMBERS WITH CLASSICAL MUSIC AND DEMONSTRATING MUSIC'S ABILITY TO HAVE A POSITIVE IMPACT ON THE COMMUNITY. MANY OF THE NWS BLUE PROJECTS PURPOSEFULLY REACH AND ENGAGE NEW AUDIENCES OR DEEPEN THE ATTACHMENT TO EXISTING AUDIENCES, GIVING FELLOWS THE TOOLS TO LEAD THE CLASSICAL MUSIC INDUSTRY IN NEW AUDIENCE ENGAGEMENT AND INNOVATIVE PROGRAMMING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: -COMMUNITY COLLABORATIONS: THROUGHOUT THE SEASON, NWS FELLOWS PROVIDE 30- TO 60-MINUTE INTERACTIVE AND THEMATIC CLASS PRESENTATIONS THAT ALLOW STUDENTS OPPORTUNITIES TO DEVELOP THEIR LISTENING SKILLS, GAIN KNOWLEDGE OF CULTURAL HISTORY AND MAKE A PERSONAL CONNECTION TO THE ART OF MUSIC.

-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. 232212 10-28-22

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-REHEARSAL OBSERVATIONS: LOCAL GROUPS ARE INVITED TO ATTEND ORCHESTRA REHEARSALS WITH INTERNATIONALLY RENOWNED CONDUCTORS AND SOLOISTS. PRIOR TO REHEARSALS, PARTICIPANTS MEET WITH FELLOWS TO LEARN ABOUT BOTH THE MUSICAL PIECES AND THE INSTRUMENTS. PARTICIPATING ORGANIZATIONS INCLUDE K-12 SCHOOLS, UNIVERSITIES, AND ADULT LEARNING CENTERS.

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

-SIDE-BY-SIDE CONCERT: THIS PROGRAM OFFERS ADVANCED YOUNG INSTRUMENTALISTS IN GRADES 7 THROUGH 12 AN OPPORTUNITY TO PERFORM ALONGSIDE NWS FELLOWS IN CONCERT. THROUGH THIS EXPERIENCE, PARTICIPANTS AND FELLOWS DEVELOP A MUSICAL WORKING RELATIONSHIP AS TOGETHER THEY REHEARSE AND PERFORM VARIOUS ORCHESTRAL WORKS. AUDITIONS ARE OPEN TO ADVANCED STRING, WOODWIND, BRASS, HARP, PIANO, 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, AROUND 200 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 SCHOOLYEAR. AT THE END OF THE 202212 10-28-22 52

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2022.05060 NEW WORLD SYMPHONY, INC. 106946_1

| Name of the organization | Employer identification number |
|---|--------------------------------|
| NEW WORLD SYMPHONY, INC. | 59-2809056 |
| SEASON, MUSICLAB STUDENTS SHOWCASE THEIR TALENT TO THEI | R PEERS, |
| FAMILIES, AND MEMBERS OF THE COMMUNITY IN A CONCERT PER | FORMANCE AT THE |
| NEW WORLD CENTER. | |
| | |
| NWS'S COMMUNITY ENGAGEMENT PROGRAMS PREPARE FELLOWS FOR | LEADERSHIP |
| ROLES AS EDUCATORS, COMMUNICATORS, AND ROLE MODELS; INT | RODUCE CHILDREN |
| TO CLASSICAL MUSIC AND THE CONCERT-GOING EXPERIENCE; AN | D FOSTER LASTING |
| AND MEANINGFUL RELATIONSHIPS BETWEEN FELLOWS AND THE CO | MMUNITY. THROUGH |
| THESE PROGRAMS, NWS ANNUALLY OFFERS APPROXIMATELY 10,00 | 0 SOUTH FLORIDA |
| CHILDREN, YOUTH, AND ADULTS THE OPPORTUNITY TO LEARN AB | OUT AND |
| EXPERIENCE CLASSICAL MUSIC EVERY YEAR. THROUGH SPECIALI | ZED TRAINING AND |
| APPLICATION OF SKILLS IN PRACTICE, FELLOWS DEVELOP ENGA | GEMENT |
| TECHNIQUES TO INTERACT WITH DIVERSE COMMUNITY MEMBERS O | F ALL AGES. |
| FELLOWS CARRY THE SKILL AND ENTHUSIASM GENERATED BY THE | IR INVOLVEMENT |
| WHILE AT NWS INTO THEIR FUTURE PROFESSIONAL POSITIONS I | N COMMUNITIES |

AROUND THE WORLD.

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

SUPPORTING ACTIVITIES TO PROGRAMS

EXPENSES \$ 2,226,531. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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:

THE CFO IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FEDERAL FORM 990.

THE FINANCE COMMITTEE WILL BE INVITED TO REVIEW THE FINAL FEDERAL FORM 990

 BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. ONCE FILED, THE 990 IS

 232212 10-28-22
 Schedule O (Form 990) 2022

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2022.05060 NEW WORLD SYMPHONY, INC. 106946_1

POSTED ON NWS'S WEBSITE.

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

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 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.

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SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 59 - 2809056

Department of the Treasury Internal Revenue Service

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

Name of the organization

NEW WORLD SYMPHONY, INC.

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 | | | | | NEW WORLD SYMPHONY, | |
| MIAMI BEACH, FL 33139 | HOUSING | FLORIDA | 464,566. | 20,680,153. | .INC. | |
| | | | | | | |
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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 | (f) Direct controlling entity | | g) 512(b)(13) rolled ity? |
|---|--------------------------------|--|-------------------------------|--|--|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 NEW WORLD SYMPHONY, INC.

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) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) | |
|--|------------------|---|------------------------------|---|--|-----------------------|-----------------------------------|----|---------------------|-----|-----|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | | | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 | |
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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 | (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 | 512(b contr | i) b)(13) rolled iity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|----------------|--|
| | | country) | | 01 11 03 0 | | 233013 | | Yes | No |
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Schedule R (Form 990) 2022 NEW WORLD SYMPHONY, INC.

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 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? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | |
| | Loans or loan guarantees by related organization(s) | 1e | | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | |
| g | Sale of assets to related organization(s) | 1g | | |
| h | Purchase of assets from related organization(s) | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| | Sharing of paid employees with related organization(s) | 10 | | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| S | Other transfer of cash or property from related organization(s) | 1s | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

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

Schedule R (Form 990) 2022 NEW WORLD SYMPHONY, INC.

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

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

| | 5 5 | [| () | | | (0) | | | | <i>(</i>) | (1) | (1) |
|------------------------|------------------|-------------------|--|------------------------------|------|----------|-------------|--------------|--------------------------|--|----------------------|------------|
| (a) | (b) | (c) | (d) | (e) Are al | | (f) | (g) | | h) | (i) | (j) | (k) |
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | partners 501(c)(orgs. | sec. | Share of | Share of | Dispi tio | ropor- nate tions? | Code V-UBI | General o managin | Percentage |
| of entity | | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | orgs. | | total | end-of-year | | tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | ownership |
| | | country) | sections 512-514) | Yes N | No | income | assets | Yes | No | (Form 1065) | Yes No |) |
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Schedule R (Form 990) 2022

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

Schedule R (Form 990) 2022

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