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Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
 Internal Revenue Service

A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization New Britain Symphony Society Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 1253 City or town, state or country, and ZIP + 4 New Britain CT 06050-1253	D Employer identification number 23-7168819 E Telephone number (860) 826-6344 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **241,026.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		116,348.
	2 Program service revenue including government fees and contracts		26,055.
	3 Membership dues and assessments		
	4 Investment income		4,448.
	5a Gross amount from sale of assets other than inventory	49,528.	
	5b Less: cost or other basis and sales expenses	61,192.	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		-11,664.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ 0. of contributions reported on line 1)	44,257.	
	6b Less: direct expenses other than fundraising expenses	34,125.	
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		10,132.
	7a Gross sales of inventory, less returns and allowances	390.	
	7b Less: cost of goods sold		
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		390.
	8 Other revenue (describe ▶)		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		145,709.
	10 Grants and similar amounts paid (attach schedule)	See L-10 Stmt	2,000.
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		
	13 Professional fees and other payments to independent contractors		150,731.
	14 Occupancy, rent, utilities, and maintenance		6,301.
	15 Printing, publications, postage, and shipping		2,381.
	16 Other expenses (describe ▶ See Other Expenses Statement)		27,294.
	17 Total expenses (add lines 10 through 16)		188,707.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-42,998.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		130,418.
	20 Other changes in net assets or fund balances (attach explanation)		-10,972.
	21 Net assets or fund balances at end of year (Combine lines 18 through 20)		76,448.

REVENUE EXPENSES ASSETS

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 DEC 28 2009
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 IRS

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		176,355.	89,730.
23 Land and buildings		0.	0.
24 Other assets (describe ▶ See L-24 Stmt)		9,092.	4,137.
25 Total assets		185,447.	93,867.
26 Total liabilities (describe ▶ See L-26 Stmt)		55,029.	17,419.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		130,418.	76,448.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

69 20

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? symphonic music & music education		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>perform four regularly scheduled concerts per season and other concerts and events</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	117,683.
29	<u>perform young peoples concerts to further music education and appreciation for local area school students</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,660.
30	<u>award a competitive college scholarship for an area high school senior who will be majoring in music</u>		
	(Grants \$ 2,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,000.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	131,343.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Barbara Kirejczyk</u> PO Box 1253 New Britain, CT 06050	President 5.00	0.	0.	0.
<u>Paul Salina</u> PO Box 1253 New Britain CT 06050	Exec. Vice President 3.00	0.	0.	0.
<u>G. Norman Holland</u> PO Box 1253 New Britain, CT 06050	Treasurer 4.00	0.	0.	0.
<u>Mel Ellis</u> PO Box 1253 New Britain CT 06050	Secretary 2.00	0.	0.	0.
<u>Steve Anderson</u> PO Box 1253 New Britain CT 06050	Board Member 1.00	0.	0.	0.
<u>Carmen Aloisi</u> PO Box 1253 New Britain CT 06050	Board Member 1.00	0.	0.	0.
<u>Janet Barneschi</u> PO Box 1253 New Britain CT 06050	Board Member 1.00	0.	0.	0.
<u>Joan Durham</u> PO Box 1253 New Britain CT 06050	Board Member 1.00	0.	0.	0.
<u>Joyce Dyson</u> PO Box 1253 New Britain CT 06050	Board Member 1.00	0.	0.	0.
<u>Julie Dyson</u> PO Box 1253 New Britain, CT 06050	Board Member 1.00	0.	0.	0.
<u>Paul Gianaris</u> PO Box 1253 New Britain, CT 06050	Board Member 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	▶ 37a 0 .		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	▶ 38b		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
	▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities		
	▶ 39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
	▶ 40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization		
	▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
	▶ 40e		
41	List the states with which a copy of this return is filed ▶ <u>Connecticut</u>		

42a The books are in care of ▶ G. Norman Holland Telephone no ▶ (860) 224-1486
 Located at ▶ 23 Vance St. New Britain CT ZIP + 4 ▶ 06052-1611

		Yes	No
b	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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
	▶ 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: ▶ _____		X
	▶ 42c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	▶ 44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	▶ 45		

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . .
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49 a		X
49 b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

Sign Here: *G. Norman Holland* Signature of officer, Date: 12/12/2009
 G. NORMAN HOLLAND, TREASURER Type or print name and title

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number (See instructions), Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
 BAA Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization New Britain Symphony Society Inc.	Employer identification number 23-7168819
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	73,686.	103,275.	73,879.	82,006.	116,348.	449,194.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	18,243.	12,266.	15,118.	22,677.	26,055.	94,359.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	91,929.	115,541.	88,997.	104,683.	142,403.	543,553.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						543,553.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	91,929.	115,541.	88,997.	104,683.	142,403.	543,553.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,397.	7,240.	5,912.	4,840.	4,448.	29,837.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,397.	7,240.	5,912.	4,840.	4,448.	29,837.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						573,390.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	94.80%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	93.19%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	5.20%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	<u>Bus Trip</u> (event type)	<u>Bus Trip</u> (event type)	<u>6</u> (total number)	(Add col. (a) through col. (c))		
1	Gross receipts	5,365.	5,845.	33,047.	44,257.	
2	Less Charitable contributions					
3	Gross revenue (line 1 minus line 2)	5,365.	5,845.	33,047.	44,257.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	3,513.	5,011.	25,601.	34,125.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				34,125.
9	Net income summary. Combine lines 3 and 8 in column (d)				10,132.	

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

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

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

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

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

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

Name as Shown on Return

New Britain Symphony Society Inc.

Employer Identification No

23-7168819

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventories	1,185.	1,185.
Prepaid Expenses	4,607.	2,952.
Grants Rceivable	3,300.	0.
Totals to Form 990-EZ, Part II, line 24	9,092.	4,137.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	16,851.	1,854.
Deferred Revenue	38,178.	15,565.
Totals to Form 990-EZ, Part II, line 26	55,029.	17,419.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Recording fees	975.
Music rentals	3,540.
Advertising/promotion	7,893.
Program books/Brochures/Newsletter	7,066.
Tickets	447.
Instrument rental	100.
Bank/Credit Card Fees	711.
Insurance	350.
Dues/fees	1,984.
Miscellaneous	1,504.
Telephone/Internet	1,721.
Interest	15.
Office	988.
Total	<u>27,294.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Chris Hartel PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Phyllis Hjerpe PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Carol Huber PO Box 1253 New Britain, CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Dieter Johannes PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Sue Johnson PO Box 1253 New Britain, CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Peter Knaus PO Box 1253 New Britain CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Soll Levine PO Box 1253 New Britain CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Ian Lucas PO Box 1253 New Britain CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Barbara Miller PO Box 1253 New Britain CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Jack Miller PO Box 1253 New Britain, CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Liz Nkonoki-Ward PO Box 1253 New Britain, CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Alexsandra Nowakowski PO Box 1253 New Britain, CT 06050	Title Board Member			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Jason Pearl PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Lester Shaw PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Leonard Witz PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Murray Zinman PO Box 1253 New Britain CT 06050 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Magdalena Widomski	<u>NONE</u>	
<u>Scholarship</u>	Eric Vargas	<u>None</u>	
			2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Investment Losses	-10,972.
Total	<u>-10,972.</u>