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DLN: 93493130006347

OMB No 1545-0047

Department of the

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

nterna	al Rev	enue Servi	ce					
\ F	or the	2015 ca	lendar year, or tax year beginn	ning 07-01-2015 , and ending 06-30-20	16			
Che	eck if a	applicable	C Name of organization New England Conservatory of Mu	SIC		D Emplo	yer i	dentification number
Ac	ddress	change	The state of the s			23-7	2251	104
_	ame cl	_	Doing business as					
_	ıtıal re	turn						
	nal ⁄termır	nated		f mail is not delivered to street address) Room/s	uite	E Teleph	one n	umber
		d return	290 Huntington Avenue			(617)) 585	5-1218
Ap	plicatio	n pending		ountry, and ZIP or foreign postal code				
			Boston, MA 02115			G Gross	receip	ots \$ 74,454,695
			F Name and address of princ	cıpal officer	H(a) I	s this a group	p retu	urn for
			Novak Thomas 290 Huntington Avenue		s	ubordinates?		☐ Yes 🗸
			Boston, MA 02115			No re all subord	linata	
Ta	x-exer	mpt status	▼ 501(c)(3)	【 (insert no)		ne an Suboru ncluded?	mate	Yes V No
147	- 1:4			1(2,72, 2 1 22	- I.	f "No," attacl	n a lis	st (see instructions)
VV	ebsit	e:► ww	w necmusic edu		H(c) (Group exemp	tion r	number >
(Forr	n of o	rganızatıor	Corporation Trust Asso	ociation Other 🕨	L Year	of formation 18	867	M State of legal domicile M
Pa	rt I	Sum	ımary					
			-	on or most significant activities	6			
	1	iew Engl	and Conservatory of Music (NE	EC) educates and trains musicians of all	ages from	around the w	ona	
٢								
<u> </u>	_							
GOVERNANCE	2	Check th	ns box ▶ ┌ If the organization	discontinued its operations or disposed	of more th	an 25% of it	s net	assets
							1	1
ð			-	rning body (Part VI, line 1a)			3	23
ž				s of the governing body (Part VI, line 1b	•		4	22
Same	5	Total nu	mber of individuals employed in	n calendar year 2015 (Part V, line 2a)			5	1,170
ر ۲	6	Total nu	mber of volunteers (estimate if	necessary)			6	200
				Part VIII, column (C), line 12			7a	181,877
	ЬΝ	let unrel	ated business taxable income t	from Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
۵.	8	Contr	ibutions and grants (Part VIII,	, line 1 h)	·	41,725	,421	8,905,289
Rəvenue	9	Progr	am service revenue (Part VIII	, line 2g)	·	39,766	,324	
δΛċ	10	Inves	tment income (Part VIII, colur	mn (A), lines 3, 4, and 7d)	·	7,908	,240	20,754,543
Œ	11	Other	revenue (Part VIII, column (A	(a), lines 5, 6d, 8c, 9c, 10c, and 11e)		373	,965	223,809
	12	Total 12)	revenue—add lines 8 through 1	11 (must equal Part VIII, column (A), lıı	ne	89,773	,950	70,862,894
	13		s and similar amounts haid (Pa	art IX, column (A), lines 1-3)	+	12,994	912	13,597,830
	14		, ,	t IX, column (A), line 4)		12/55		10,000,7000
	15			oyee benefits (Part IX, column (A), lines				Ĭ
3	13	5-10		y de benenes (rare 1x) column (x), mes		27,173	,986	26,249,847
Expenses	16a	Profe	ssional fundraising fees (Part I	IX, column (A), line 11e)		40,	,233	0
Š	ь	Total f	undraising expenses (Part IX, column	(D), line 25) ▶1,820,198				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,502	,698	12,248,074
	18	Total	expenses Add lines 13-17 (n	nust equal Part IX, column (A), line 25)		53,711	,829	52,095,751
	19	Rever	nue less expenses Subtract lir	ne 18 from line 12		36,062	,121	18,767,143
5 9					Reginni	ng of Current	Vear	End of Year
a Se					beginni	ng or current		Life of real
92	20	Total	assets (Part X, line 16)			213,985	_	242,863,764
Net Assets of Fund Balances	21		•		•	33,323		55,503,580
	22		ssets or fund balances Subtra	ct line 21 from line 20		180,662	,597	187,360,184
	t II		nature Block			41		
	•			examined this return, including accompa omplete Declaration of preparer (other t				•
•		_	nowledge	,		, 5		
		Th.						
		*** Sian	** * ature of officer			2017-05-10 Date		
Sign								
lere	=		er Edward CFO e or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date		PTIN	N
20:4	4		Lynne Johnson	Lynne Johnson	- 400	Check If self-employed		757336
Paid		, , h	Firm's name NEW ENGLAND CON	SERVATORY OF MUSIC		Firm's EIN		
-re	pare	er ⊢	Firm's address ▶ 290 HUNTINGTON A			Phone no (61	7) 912	2-9000

Boston, MA 02115

Use Only

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${f 2}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?	6		No
7	If "Yes," complete Schedule D, Part I	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
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, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c		No
d	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 2	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Pait II</i>	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			<u>=</u>
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		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	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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?	25b		No

26

27

28a

28b

28c

29

30

31

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33

34

35a

35b

36

37

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if Schedule o contains a response of flote to any line in this	i di c	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	197			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
_	Did th	L ne organization comply with backup withholding rules for reportable payments to	venc	fore and reportable			
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	1,170			
L	•	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year [?]	3a	Yes	
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		
		int)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	ana	rinanciai Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
					שכ		
· ·	11 TE	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).	•				
а		ne organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a	Yes	
b		es provided to the payor?			7b	Yes	
		ne organization sell, exchange, or otherwise dispose of tangible personal proper					
		orm 8282?			7 c		No
đ	It "Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d	U			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did i	the organization file a	7h		No
8	•	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bus the year?	siness	s holdings at any time			
	_	,	•		8		No
		ne sponsoring organization make any taxable distributions under section 4966		• •	9a		No
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson/	9b		No
10		on 501(c)(7) organizations. Enter	10-				
		tion fees and capital contributions included on Part VIII, line 12	10a 10b				
-	faciliti		100				
		on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		No
b	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	13.				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		No
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
		L ne organization receive any payments for indoor tanning services during the tax		?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		

orm	990 (2015)			Page
Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.)b belo	w, _
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 23		Yes	No
	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 in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **12**a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

.7 List the States with which a copy of this Form 990 is required to be filed ▶

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available. Check all that apply

Own website Another's website V Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

► State the name, address, and telephone number of the person who possesses the organization's books and records

► A manda G Carlson Controller 290 Huntington Avenue Boston, MA 02115 (617) 585-1218

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han d on is	ne l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total				•		. •				
c Total from continuation sheed Total (add lines 1b and 1c) .	•			٠.	٠.	•		2,238,191		216,243
2 Total number of individuals (ii \$100,000 of reportable comp	ncluding but not	limited t	to the	se I		d abov	e) wl	no received more th	nan	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Tishman Construction Corp	Construction	21,599,035
101 Federal Street Suite 1000 Boston, MA 02110		
Guardian Security & Protection	Security service	800,164
50 Strawberry Lane Canton, MA 02021		
Ann Beha Architects Inc	Architect service	677,749
33 Kingston St Boston, MA 02111		
Aramark Services Inc	Dining hall mgmt	671,787
1101 Market St Philadelphia, PA 19107		
AM PM Cleaning Corp	Cleaning service	438,675
295 Weston St Waltham, MA 02453		

Yes

No

Form 99	0 (20	15)						Page S
Part V	***	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b					
Gra	c	Fundraising eve	ents 1c	722,680				
Ę į	_	_						
<u>ia</u> 5:	d	Related organiz		40.422				
ns, Sim	е	Government grant	s (contributions) 1e	49,423				
er S	f	All other contributions	ons, gifts, grants, and 1f ot included above	8,133,186				
黃	g		ons included in lines	4,489,388		i		
Contr and (1a-1f \$			9 005 390			
<u>ه</u> ک	h	Total. Add lines	s la-lf	· · · •	8,905,289			
<u>1</u>				Business Code				
₹.	2a	Medical Fees		621300	503,183	503,183		
æ	Ь	Non-academic fee	S	611710	685,945	685,945		
A C	С	Room and board		721310	2,072,809	2,072,809		
35	d	Student health insi	-	524114	512,240	512,240		
an	e	Tuition and acader		611710	36,294,160	36,294,160		
Program Service Revenue	f	All other progra	am service revenue		910,916	910,916		
<u>&</u>	g	Total. Add lines	s 2a-2f	🕨	40,979,253			
	3		ome (including dividend		1,142,275		-29,273	1,171,548
	4		ar amounts) stment of tax-exempt bond ;		0			
	5	Royalties		▶	0			
			(ı) Real	(11) Personal				
	6a	Gross rents	561,991					
	ь	Less rental	322,579					
	ء ا	expenses Rental income	239,412					
	ت ا	or (loss)	,		239,412			239,412
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	233,112			233,112
	7a	Gross amount from sales of assets other than inventory	7,683,645	15,028,295				
	ь	Less cost or other basis and sales expenses	-696	3,100,368				
	С	Gain or (loss)	7,684,341	11,927,927				
	d	Net gain or (los	ss)		19,612,268		211,150	19,401,118
Other Revenue	8a	events (not inc \$	luding ,680 s reported on line 1c) ne 18					
hei	_	Loca dimenti	noncos h	92,320				
ō	C		penses b (loss) from fundraising e	169,550 events >	-77,230			-77,230
	9a	Gross income f	rom gaming activities ne 19		·			<u> </u>
		Loos desert	a					
	b c		penses b [(loss) from gaming activ	/ities	0			
		Net meane or ,	(1033) Hom gaming acti	→				
	10a	Gross sales of returns and allo						
	b c	_	oods sold b (loss) from sales of inve	entory ▶	o			
		Miscellaneou	s Revenue	Business Code				
	11a	Miscellaneous	ıncome	900099	26,512			26,512
	Ь	Other Special E	Events	900099	17,903			17,903
	С	Publication		511190	12,950			12,950
	d	All other reven	L		4,262			4,262
	е	Total. Add lines	s 11a-11d	•	61,627			
	12	Total revenue.	See Instructions	· · · · >	70,862,894	40,979,253	181,877	20,796,475

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)

	<u> </u>			.	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	13,597,830	13,597,830		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	859,379	213,783	312,155	333,441
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	20,851,837	17,270,915	2,742,133	838,789
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	664,944	544,492	83,709	36,743
9	Other employee benefits	2,336,269	1,906,401	315,815	114,053
10	Payroll taxes	1 527 410	1 240 220	214.070	02.200
11	Fees for services (non-employees)	1,537,418	1,240,239	214,870	82,309
a	Management				
a b	Legal	110,468	3,875	92,941	13,652
c	Accounting	92,039	3,073	92,039	15,032
d	Lobbying	0		32,003	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	243,626		243,626	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,577,553	942,486	594,159	40,908
12	Advertising and promotion	183,210	13,378	169,832	
13	Office expenses	1,201,973	779,959	334,300	87,714
14	Information technology	656,731	104,711	552,020	
15	Royalties	0			
16	Occupancy	2,879,267	854,365	2,024,827	75
17	Travel	925,001	804,846	44,110	76,045
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	86,296	46,161	35,429	4,706
20	Interest	789,365	677,234	78,037	34,094
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,917,152	1,755,122	129,376	32,654
23 24	Insurance	0			
а	Student health and food	1,409,329	1,409,329		
b	Miscellaneous expenses	140,874	54,589	82,460	3,825
c	Payroll processing & temp agen	67,890		67,890	
d	Allocation of building op	0	2,407,309	-2,528,499	121,190
е	All other expenses	-32,700	20,050	-52,750	
25	Total functional expenses. Add lines 1 through 24e	52,095,751	44,647,074	5,628,479	1,820,198
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

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Net Assets or Fund Balances

(B)

End of year

12,311,387

32,797,020

8,202,700

8,535,059

3,698,236

957,188

78,704,031

36,042,818

61,615,325

242,863,764

11,597,396

800,919

38,345,000

4,760,265

55,503,580

37,571,396

78,716,141

71,072,647

187,360,184

242,863,764 Form 990 (2015)

0

0 0

(A)

Beginning of year

1,398,209

33.676.288

12,559,105

578,583

3.362.191

620.814

46,304,297

45,758,462

69,727,755

213,985,704

4.652.756

939.025

22,965,000

4,766,326

33,323,107

30,338,542

80,563,824

69,760,231

180.662.597

213,985,704

108,325,310

29,621,279

10a

10b

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10c

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

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X Balance Sheet

Part X	Balance	Shee
--------	---------	------

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Schedule O

2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		

Page **12**

70,862,894

52,095,751

18,767,143

180,662,597

-11,950,212

-119,344

187,360,184

2c

3a

3b

Yes

Yes

Yes Form 990 (2015)

1

201	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. [
			Yes	No
1	ccounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			

2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

b Were the organization's financial statements audited by an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

Software ID: 15000324 **Software Version:** 2015v3.0

EIN: 23-7225104

Name: New England Conservatory of Music

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tors				٠.			•
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ss er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Anderson Michael J Board Trustee	2 00	x						0	0	C
Bajakian Clinton J Board Trustee	2 00	×						0	0	(
Blumenthal Thomas W Treasurer, ViceC	2 00	x		×				0	0	(
Burnes Kennett F Board Chair	2 00	x		х				0	0	(
de Braganca Barbara Board Trustee	2 00	x						0	0	(
Elfers Deborah B Board Trustee	2 00	х						0	0	(
Enchsen Peter C Secretary	2 00	×		х				0	0	C
Ett Alan P Board Trustee	2 00	×						0	0	(
Ferguson Corinne Board Trustee	2 00	×						0	0	(
Fulham Timothy W Board Trustee	2 00	х						0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	МЗС	Мізсу	and related organizations
Glauber Barbara W	2 00									
Board Trustee	0 00	X						0	0	0
Gray Enc A Board Trustee	2 00	×						0	0	0
Holland Nancy Noble Board Trustee	2 00	x						0	0	0
Joni Saj-nicole A Board Trustee	2 00	×						0	0	0
Lindsey Justin	2 00	×						0	0	0
Board Trustee 	0 00									
Loder John M Board Trustee	2 00	x						0	0	0
McGrath Thomas B	2 00									

0 00 2 00

0 00

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McGrath Thomas B

Board Trustee

Board Trustee

Board Trustee

Smithgall Thurmond Board Trustee

Ross Peter

Prevost Patrick M

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

15,624

24,368

28,875

Compensated Employees, and Inde	pendent Co	ntrac	ctors	5							
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	:han ersoi icer i	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
Thonis Michael	2 00	,			'	'					
Board Trustee	0 00	X						0	0	U	
Yogg Joan H Board Trustee	2 00	х						0	0	0	
Novak Thomas Interim Preside	40 00	x		x				193,528	0	15,906	
Lesser Edward Sr VP Fin & Op	40 00			x				264,848	0	50,610	
Jones Donald VP Inst Advance	40 00				х			260,879	0	31,891	
Kım Soovin College Faculty	35 00 0 00					x		163,232	0	10,501	
Eaglen Lyson Jane College Faculty	35 00					х		197,944	0	22,586	
.		——'	Ь——	— <u>'</u>	—′	 -	-		Ļ		

35 00

0 00 35 00

0 00 35 00

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166,458

203,234

215,996

PhelanCarol

VP Mktg & Comm

Weilerstein Donald

College Faculty

College Faculty

WolffHugh

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	compensated Employees, and Endependent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unle:	ore t ss pe	han erso cer	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	0			
WoodcockAnthony Former President	40 00						×	572,072	О				

compensation from the organization and related organizations

(F) Estimated amount of other

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

New England Conservatory of Music

990EZ)

Treasury

Total

Department of the

DLN: 93493130006347 OMB No 1545-004

Employer identification number

Open to Public

Inspection

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

23-7225104 Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) ✓ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions))

Yes

No

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
Se	ection A. Public Support	reion runs to qu	dilly dilder die	tests listed bei	iow, picase con	inpicte i die iii.	,
	Calendar year	I		T	T		T
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either						
3	paid to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						
	from line 4						
Se	ection B. Total Support		T	Т	T	1	1
(or	Calendar year fiscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7						
12	through 10 Cross receipts from related activiti	es etr (see inst	ructions)			12	
13	First five years. If the Form 990 is f		•	third fourth or:	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	<u>`</u>	5) organization,
Se	ection C. Computation of Pub	olic Support F	Percentage				
14	Public support percentage for 2015	• •		11. column (f))		14	
15	Public support percentage for 2014	•	• •	, , , , , , , , , , , , , , , , , , , ,		15	
	33 1/3% support test—2015. If the	ŕ	•	c on line 13, and	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	,	,	▶ □
b	33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more,	check this
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test-	_				•	
	is 10% or more, and if the organiza in Part VI how the organization mee						
	•	.ca the Tacts-dfl	u circumstances	cest The Olyan	izacion qualilles d	a publicity supp	. —
h	organization 10%-facts-and-circumstances test-	_2014 If the ora:	anization did not a	check a boy on lir	ne 13 16a 16b	or 17a and line	▶
D	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				•	•	cly
	supported organization						` ▶ ┌
L8	Private foundation. If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of a comparison of eventual to be discussed by the eventuality of the eventuality		Yes	No
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	1		
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	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70		
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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Part I Additional Information	NEC is broadly supported in nature and is deemed to meet the 33 1/3% support public support test under current guidance. Since NEC uses the special rule based on meeting the 33 1/3% support test on Schedule B, NEC is required to disclose the Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv). However, due to a Form 990 software limitation, NEC is unable to both disclose Part II in Schedule A and check off line 2 of Part I, for schools in Schedule A and to have Schedule E completed. This software limitation only allows the organization to enter Part II of Schedule A if one of the boxes on lines 5, 7, or 8 of Part I is checked off or if the organization failed to qualify under Part III of Schedule A. This software limitation also only allows the organization to enter Schedule E if the organization checks off line 2 of Schedule A, Part I The public support percentages were 66 25% and 63 32% for 2014 (Schedule A, Part II, Section C, Line 14) and 2013 (Schedule A, Part II, Section C, Line 15), respectively. The complete calculation is available upon request.

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DLN: 93493130006347

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Supplemental Financial Statements

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

Inspection

	me of the organization w England Conservatory of Music		E	mployer identification number
Nev	w England Conservatory of Music		2	3-7225104
Pa	rt I Organizations Maintaining Donor		imilar Fund	
	Complete if the organization answere	<u> </u>		
		(a) Donor advised funds		(b)Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			dvised Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	2 2		ther purpose
Da	rt II Conservation Easements. Comple	te if the organization answere	d "Yes" on F	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by th			om 950, Farc 10, me 7.
_	Preservation of land for public use (e.g., recre	, , , , , , , , , , , , , , , , , , , ,	y)	
	education)		vation of an his	storically important land area
	Protection of natural habitat	Preserv	vation of a cert	rified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contri	ibution in the f	orm of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2	
b	Total acreage restricted by conservation easeme	nts	2	ь
c	Number of conservation easements on a certified	historic structure included in (a)	2	с
d	Number of conservation easements included in (o	a) acquired after 8/17/06, and not o	on a	4
•	historic structure listed in the National Register	referred released sytimatical or	<u> </u>	
3	Number of conservation easements modified, trai	isterred, released, extinguished, or	r terminated by	the organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ction, handling	of Yes No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, a	and enforcing c	onservation easements during the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and e	enforcing conse	ervation easements during the year
_	\$	240		170// 1/12
В	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requireme	ents of section	Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's		
ar	Organizations Maintaining Collection Complete if the organization answere			Other Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, e	education, or re	esearch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, e		
((i) Revenue included on Form 990, Part VIII, line 1		> \$	
(i	ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, he following amounts required to be reported under S	•	r assets for fir	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			▶ \$

		(Form 990) 2015							Page Z
Par	t III	Organizations Maintaining (continued)	g Collections of A	Art, Histo	orical	Treasures,	or Otl	her Similar As	sets
3		the organization's acquisition, accition items (check all that apply)	cession, and other rec	cords, ched	kany	of the following	that are	e a significant use	ofits
а		Public exhibition		d	√ Lo	oan or exchang	e progra	ms	
b	~	Scholarly research		e	Г o	ther			
c	√	Preservation for future generations	;						
4	Provi	de a description of the organization	n's collections and exp	plaın how t	hey fur	ther the organi	zatıon's	exempt purpose i	n
5	Durin	g the year, did the organization soles to be sold to raise funds rather t						ımılar Yes	✓ No
Pai	rt IV	Escrow and Custodial Arr		•				1	14
		Complete if the organization Part X, line 21.		Form 99	0, Par	rt IV, line 9, o	or repo	rted an amount	on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınter	mediary fo	rcontr	ibutions or oth	erasset	s not Yes	∏ No
b	If'	'Yes," explain the arrangement in I	Part XIII and complet	e the follo	wing ta	ble	[A mo	unt
c		ginning balance	•		,		1c		
d	Αd	ditions during the year					1d		
e	Dis	stributions during the year					1e		
f	En	ding balance					1f		
2 a	Dıd tl	ne organization include an amount	on Form 990, Part X,	line 21, foi	rescro	w or custodial a	account	Irability? Yes	☐ No
b	T C 11) (
	rt V	es," explain the arrangement in Pai Endowment Funds. Compl							· · · · · · · · · · · · · · · · · · ·
·	···	Endownient Funds. Compr	(a)Current year	(b) Pnor y		b (c)Two years		Three years back	(e)Four years back
1a	Begir	nning of year balance	115,564,750		331,512	110,264		111,484,527	112,050,062
b	C ont	ributions	1,359,168	1,8	881,177	1,005	,510	942,000	6,167,106
c	Net II	nvestment earnings, gains, and	-4,268,619	-2,2	276,516	15,904	,177	6,110,630	-2,398,132
d		ts or scholarships	-2,243,995	-2,5	508,401	-2,644	,163	-2,505,616	-2,264,937
e		r expenditures for facilities programs	-4,432,137	-1,6	30,550	-3,964	,368	-5,541,007	-1,858,550
f	A dmi	nistrative expenses	-243,626	-1	232,472	-234	,417	-225,761	-211,022
g		of year balance	105,735,541	115,	564,750	120,331	,512	110,264,773	111,484,527
2		de the estimated percentage of the	current year end bala	ance (line	1g, col	umn (a)) held a	s	<u> </u>	
а	Board	l designated or quasi-endowment i	12 790 %						
b	Perm	anent endowment ► 65 560 %							
c		orarily restricted endowment	21 650 %						
2-	•	percentages on lines 2a, 2b, and 20	·			مراط مصط مطسمين		io u tha	
3a		here endowment funds not in the po iization by	ossession of the organ	nization th	at are r	ieid and admini	sterear	or the	Yes No
	(i) ur	related organizations						3a((i) No
		elated organizations						3a(ii) No
b		es" on 3a(II), are the related organi						31	No No
4		ribe in Part XIII the intended uses		endowmen	t funds				
Ра	rt VI	Land, Buildings, and Equi Complete if the organization		Form 990). Part	IV. line 11a.	See Fo	rm 990. Part X.	line 10.
		Description of property	41137141144 143 44	Cost	(a) or other	basis Cost or ot) her basis	Accumulated (c)depreciation	(d)Book value
	Land			. (in	vestmer		er) ,269,498		1,269,498
b	Buildir	ngs 					,569,721	19,437,807	30,131,914
c	Leasel	nold improvements					•		
		nent				20	,440,926	10,183,472	10,257,454
e	Other								
Tat		lines 1a through 1a (Column (d) my		t V 20/:	(P) 1:-		,045,165		37,045,165
ıota	ıı. A dd	lines 1a through 1e <i>(Column (d) mu</i>	ısı equai Form 990, Par	ιχ, columi	i (B), III	16 10(C)) .		<u> </u>	78,704,031

	See Form 990, Part X, line 12.	1		<u> </u>
	(a) Description of security or catego (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives -held equity interests		14,830,782	F
(3) 0 ther	-nera equity interests		14,030,762	<u> </u>
	mn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.		61,615,325	
	Complete if the organization answer	red 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
	mn (b) must equal Form 990, Part X, col (B) line 13)	•		
	Other Assets. Complete if the organiza		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
	Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Total. (Colu	Other Assets. Complete if the organiza (a) De	ation answered 'Yes' on scription		(b) Book value
Part IX	Other Assets. Complete if the organize (a) De (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ne 15)		(b) Book value
Total. (Colu	Other Assets. Complete if the organiza (a) De (a) De umn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the o	ation answered 'Yes' on scription		(b) Book value
Total. (Colu Part X	Other Assets. Complete if the organize (a) De (a) De umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ne 15)		(b) Book value
Total. (Columnation of the Part X 1.	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnature) Part X 1. Federal Inc.	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Part X 1. Federal Inc. Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnature) Part X 1. Federal Inc.	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columnation of the Part X 1. Federal Inc. Perkins Lo	Other Assets. Complete if the organization (a) De (ne 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Columbia) Part X 1. Federal Inc. Perkins Lo Planned given	Other Assets. Complete if the organization (a) De (ne 15)		(b) Book value

Schedule D (Form 990) 2015

1

2

а

information

Return Reference

Part III, Line 1a If organization elected under SFAS 116 to not report

are, historical treasures, o

45,529,859

d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-25,089,40
3	Subtract line 2e from line 1	3	70,619,26
4	A mounts 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 243,626		
b	Other (Describe in Part XIII)...........4b		
c	Add lines 4a and 4b	4c	243,62
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	70,862,89
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	38,832,27
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		
c	O ther losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	492,12
3	Subtract line 2e from line 1	3	38,340,14
3 4	Subtract line 2e from line 1	3	38,340,14
		3	38,340,14
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 243,626	3	38,340,14
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 243,626	3 4c	38,340,14 13,755,60

Explanation

The Conservatory maintains collections of historical instruments, art, vocal scores, recordings, and

research, and the furtherance of public service. They are neither disposed of for financial gain nor encumbered in any manner. Accordingly, these collections are not capitalized for financial statement.

literary works. These collections are protected and preserved for public exhibition, education,

2a

2b

2c

-11,950,212

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

purposes

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As

As Filed Data -

DLN: 93493130006347

Employer identification number

23-7225104

OMB No 1545-0047

Open to Public

Schools

►Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

New England Conservatory of Music

(Form 990 or 990-EZ)

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes No

5c

54

5e

5g

5h

6a

6b

Νo

Νo

Νo

Νo

Νo

Νo

7 Yes

Schedule E (Form 990 or 990EZ) (2015)

Schedule E, Line 3 - Racially

Maintained

Race

Nondiscriminatory Policy Publicized

Schedule E, Line 4 - Explanation of Records and Materials Not

Schedule E, Line 5 - Explanation of Organization Discrimination by

Schedule E (Form 990 or 990-EZ) (2015)

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference Explanation Schedule E, Line 6 - Explanation of

Aid or Assistance from Council \$25,000 Governmental Agency

this nondiscriminatory policy

US Dept of Education student grants and loans \$9,002,523, Commonw ealth of Massachusetts Cultural

NEC includes the nondiscrimination policy in brochures, catalogues, and comparable materials dealing with

student admissions, programs, and scholarships to satisfy the publicity requirement, given that NEC customarily draws a substantial percentage of its students both nationwide and worldwide. NEC follows

efile GRAPHIC print	- DO NOT PROCESS	As Filed Da	ta -	DLN:	DLN: 93493130006347		
SCHEDULE F (Form 990)	Statement of	Activities (ed States	OMB No 1545-0047			
Department of the Treasury Internal Revenue Service	► Complete Information about Schedu	Part IV, line: ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. ind its instructions is at wi		2015 Open to Public Inspection		
Name of the organization New England Conservatory				23-7225104	Employer identification number 23-7225104		
	formation on Activiti the organization answe			14b.			
and other assistant used to award the g 2 For grantmakers. I assistance outside	Does the organization note, the grantees' eligible grants or assistance? Describe in Part V the othe United States (The following Part I, line	lity for the grai	nts or assistance, and rocedures for monitori	the selection criteria	┌ Yes ┌ No ts and other		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1) See Add'l Data		region	region/				
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuati to Part I c Totals (add lines 3a a					9,456,319 9,456,319		
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990.	Cat I	No 50082W Sched	ule F (Form 990) 2015		

Schedule F (Form 990) 2015

	applicable)		disparsement	assistance	assistance	appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						1	
(2)				1			
(3)							
(4)						<u></u>	
(5)							
(6)				1			
(7)				,			
(8)							
(9)							
(10)							
(11)						1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

Yes 8621) Νo Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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) Yes Nο Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes Νo

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 23-7225104

Name: New England Conservatory of Music

Schedule F (Form 990) 2015

Page 5

Part V **Supplemental Information**

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).

Form 990 Schedule F I	Part I - Activit	ies Outside II	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central Amer & Caribbean	0	0	Investments		9,214,886
Europe	0	0	Program services	A cademic activities	233,332
Central Amer & Caribbean	0	0	Program services	A cademic activities	3,363

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) 2,403 1.177

Program services

A cademic activities

1,158

East Asia and the Pacific	0	U	Program services	A cademic activities	
North America	0	0	Program services	A cademic activities	

Form 990 Schedule F Part I - Activities Outside The United States

Middle East and North

Africa

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Open to Public

Inten	nal Revenue Service	► Information about S	chedule G (F	orm 990 or 9	990-EZ)	and its instructions is a	twww irs go	ov/form990	Inspection
	ne of the organization England Conservator	y of Music						23-722510 ⁴	ntification number
Da	rt I Fundraisin	g Activities.Compl	oto if the	organiza	ation	answored "Ves"	on Form		
•		Z filers are not requi		_			OH FOH	1 990, Pail IV	/, IIIIe 1/.
1	Indicate whether the	e organization raised fur	nds throug	h any of th	he foll	owing activities C	heck all t	hat apply	
а	Mail solicitation	s		nment grants					
b	☐ Internet and em	ail solicitations			f	— Solicitation of g	overnmer	nt grants	
c	Phone solicitation	ons			g [— Special fundrais	sing event	:S	
d	☐ In-person solici	tations							
2 a		have a written or oral a sted in Form 990, Part \							es √ No
b		n highest paid individua at least \$5,000 by the			aısers) pursuant to agree	ements ur	nder which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)		fundrai cust con contril	(iii) Did fundraiser have custody or control of contributions?) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)		(vi) Amount paid to (or retained by) organization	
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10	10								
Tota	al		•	•					
	List all states in which registration or licensii	n the organization is reg ng	ıstered or	licensed t	to sol	icit contributions (or has bee	n notified it is o	exempt from

ochicuaic o	(101111) 30 01 330 12) 20
Part II	Fundraising Events
	Complete if the organ

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		Boston Gala (event type)	(event type)	(total number)	(add col (a) through col (c))
e le					
Reverkie	1 Gross receipts	815,000			815,000
•	2 Less Contributions	722,680			722,680
	Gross income (line 1 minus line 2)	92,320			92,320
	4 Cash prizes				
	5 Noncash prizes				
35	6 Rent/facility costs	26,186			26,186
Expenses	7 Food and beverages	99,073			99,073
	8 Entertainment				
Direct	9 Other direct expenses	44,291			44,291
△	10 Direct expense summary Add lines 4				169,550
	11 Net income summary Subtract line 1	LO from line 3, column (d	l)		-77,230
Ye II	Complete if the organization Form 990-EZ, line 6a.	ı answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
uses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
ا ۵	5 Other direct expenses				
		Yes%_ No	├ Yes	☐ Yes%_	
	6 Volunteer labor	1	<u> </u>	1	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
	Enter the atata(a) in which the arganiza	ation conducts gaming ac	<u>'</u>		
9	• • • • • • • • • • • • • • • • • • • •				Yes No
9 a	Is the organization licensed to conduct	gaming activities in eac	in or these states?		1
	• • • • • • • • • • • • • • • • • • • •		en orthese states?		
а	Is the organization licensed to conduct				
а	Is the organization licensed to conduct If "No," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

New England Conservatory of Music

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

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

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

OMB No 1545-0047 2015

Employer identification number

DLN: 93493130006347

Open to Public Inspection

New England Conservatory or Truste						23-7225104	
Part I General Information	on on Grants an	d Assistance					
	ward the grants or a zation's procedures ance to Domestic O	ssistance? for monitoring the use rganizations and Dome	of grant funds in the Unstic Governments. Com	ited States		orm 990, Part IV, line 23	✓ Yes No
that received more than (a) Name and address of organization or government	\$5,000 Part II car (b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 53 Enter total number of other org							0
For Paperwork Reduction Act Notice, se				Cat No. 50055P			le I (Form 990) 2015

Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 2 Part III can be duplicated if additional space is needed								
(a)⊺	vpe of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation (boo			

financial need and other similar standards

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarship and other financial aid	1040	13,597,830			
Part IV Supplemental Informat	t ion. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.

Part IV	Supplemental Information	t ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	r additional information.

			rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.			
Return Reference	Explanati	on							
Additional Supplemental Information	Part I, Line 2 The awarding of student financial aid grants under the U.S. Department of Education's Student Financial Assistance Program is monitored by NEC's Financial Aid Office, which ensures that NEC meets the compliance requirements of OMB Circular A-133 NEC's Financial Aid Office and Business Office are responsible for establishing and maintaining effective internal controls over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs Only current NEC students in good standing are provided scholarship grants or other financial assistance Grants and assistance to NEC College students are in the form of institutional scholarships. All College scholarships are administered through NEC's financial aid system. Institutional scholarships are credited to the student's internal tuition account and represent an offset to tuition administered through NEC's student billing system. Preparatory program, continuing education program and summer session scholarships are credited to the student's internal tuition account and represent an offset to tuition and other fees assessed by NEC Grants and assistance to NEC staff and their								

eligible spouses and dependents are in the form of staff tuition waivers, pursuant to a written benefits plan Staff tuition waivers are administered through the Conservatory's benefits system and, like institutional scholarships for students, are credited to the individual's internal account to offset tuition

changes All students receiving scholarships and fellowships are judged worthy by the institution's assessment on the basis of academic achievement, Schedule I (Form 990) 2015 **Compensation Information**

DLN: 93493130006347 OMB No 1545-0047

2015

Schedule J (Form 990)

Department of the

Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

	nal Revenue Service			Employer identification	on nu	mhor	
	me of the organization w England Conservatory of Music			employer identification	on nui	nber	
				23-7225104			
Pa	rt I Questions Regarding Compensation						
				ı		Yes	No
1a	Check the appropiate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro						
	First-class or charter travel	√	Housing allowance or residence fo	r personal use			
	Travel for companions	_	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	_	Health or social club dues or initia	tion fees			
	Discretionary spending account	_	Personal services (e g , maid, cha	uffeur, chef)	 	 	
b	If any of the boxes in line 1a are checked, did the organiza reimbursement or provision of all of the expenses describe				1b	Yes	
2	Did the organization require substantiation prior to reimbu directors, trustees, officers, including the CEO/Executive				2		
3	Indicate which, if any, of the following the filing organizatio organization's CEO/Executive Director Check all that appused by a related organization to establish compensation or	ply	Do not check any boxes for metho	ds			
	▼ Compensation committee	_	Written employment contract				
	✓ Independent compensation consultant	√	Compensation survey or study				
	Form 990 of other organizations	▽	Approval by the board or compens	ation committee	 		
4	During the year, did any person listed on Form 990, Part V or a related organization	VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payme	ent	7		4a	Yes	
b	Participate in, or receive payment from, a supplemental no	onq	jualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based c	con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t	the	e applicable amounts for each item	ın Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations in For persons listed on Form 990, Part VII, Section A, line:		•	any			
	compensation contingent on the revenues of						
а	The organization?				5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III				5b		No
6	For persons listed on Form 990, Part VII, Section A, line : compensation contingent on the net earnings of	1a,	, did the organization pay or accrue	any			
а	The organization?				6 a		Νo
b	Any related organization?				6b		No
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line 3 payments not described in lines 5 and 6? If "Yes," describ			on-fixed	7		Νo
В	Were any amounts reported on Form 990, Part VII, paid of subject to the initial contract exception described in Regulin Part III		•		8		No
9	If "Yes" on line 8, did the organization also follow the rebu	ıtta	ble presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits column(B) reported (B)(I)-(D)(II) (iii) Base as deferred on prior compensation Other reportable Bonus & incentive (I) compensation compensation compensation Form 990 1 Eaglen Lyson Jane 197.597 (i) 347 9,329 13,257 220,530 College Faculty (ii) 2 Jones Donald 244.990 (i) 15,889 9,500 22,391 292,770 VP Inst Advance 3 4 5 6 7 8

	(ii)							
3 Kim SoovinCollege Faculty	(i)	162,973		259	4,170	6,331	173,733	
	(ii)							
4 Lesser Edward Sr VP Fin & Op	(i)	220,392		44,456	21,711	28,899	315,458	
	(ii)							
5 Novak Thomas Interim Preside	(i)	193,197		331	9,162	6,744	209,434	
	(ii)							
6 PhelanCarol VP Mktg & Comm	(i)	136,207	30,000	251	6,483	9,141	182,082	
	(ii)							
7 Weilerstein Donald College Faculty	(i)	202,880		354	9,515	14,853	227,602	
	(ii)							
8 WolffHughCollege Faculty	(i)	215,655		341	7,563	21,312	244,871	
	(ii)							
9 WoodcockAnthony Former President	(i)	255,724		316,348	12,827	3,055	587,954	
	(ii)							
							Schedu	ile J (Form 990) 2015
								· · · · · · · · · · · · · · · · · · ·

Page 3							
Part III Supplemental Inform	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							
Return Reference	Explanation						

Schedule J (Form 990) 2015

Software ID: 15000324
Software Version: 2015v3.0

EIN: 23-7225104

Name: New England Conservatory of Music

Form 990, Schedule J, (A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Title		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Eaglen Lyson Jane College Faculty	(1)	197,597		347	9,329	13,257	220,530	
1Jones Donald VP Inst Advance	(1)			15,889	9,500	22,391	292,770	
2Kım SoovınCollege Faculty	(1)	162,973		259	4,170	6,331	173,733	
3Lesser Edward Sr VP Fin & Op	(1)			44,456	21,711	28,899	315,458	
4Novak Thomas Interim Preside	(1)	193,197		331	9,162	6,744	209,434	
5 PhelanCarol VP Mktg & Comm	(1)		30,000	251	6,483	9,141	182,082	
6 Weilerstein Donald College Faculty	(1)			354	9,515	14,853	227,602	
7 WolffHughCollege Faculty	(1)			341	7,563	21,312	244,871	
8 WoodcockAnthony Former President	(1)	255,724		316,348	12,827	3,055	587,954	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493130006347

Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service

Name of the organization

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

Employer identification number New England Conservatory of Music 23-7225104 Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pric	е	(f)	Description	n of purpose	(g) De	feased		On alf of		Pool ncing
											I	ISS			<u> </u>
_	Mara Davida was Est Ass	04-3431814		06-30-2014	22.605.0	00 5	D - 6 J		2000	Yes	No	Yes	No	Yes	No
Α	Mass Development Fin Age	04-3431814		06-30-2014	23,685,0	00	Retuna	ling Series	2008 bonds		X		×		×
В	Mass Development Fin Age	04-3431814		11-17-2015	16,050,0	00	Capita	l expenditu	res		х		Х		Х
Pa	rt II Proceeds												l	l	
					А			ı	В		С			D	
1	A mount of bonds retired				1	,390	,000								
2	Amount of bonds legally defea	ised													
3	Total proceeds of issue				23	,685	,000		16,050,000						
4	Gross proceeds in reserve fun														
5	Capitalized interest from proc	eeds							699,869						
6	Proceeds in refunding escrows	5			23	23,389,001									
7	Issuance costs from proceeds	5				295,999 285,794		285,794							
8	Credit enhancement from proc	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro-	ceeds													
11	Other spent proceeds								39,520						
12	Other unspent proceeds								15,024,817						
13	Year of substantial completion	1													
					Yes	No)	Yes	No	Yes	ı	No	Ye.	s	No
14	Were the bonds issued as part	t of a current refundı	ngıssue?		×				X						
15	Were the bonds issued as part	t of an advance refur	ndıng issue?		х				Х						
16	Has the final allocation of proc	ceeds been made? .			×				Х						
17	Does the organization maintal allocation of proceeds?	·		ort the final	×			×							
Pa	rt IIII Private Business U		· ·												
					Α			E	3		С			D	
l															

	Trivate Business ese								
			۸.	ı	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			Х				
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	C	at No 5019	3 F			Sch	edule K (For	m 990) 2015

				1	E	3		С		D	
		•	Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private bu of bond-financed property?	ısıness use	Х		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or of										
prope	counsel to review any management or service contracts relating to the financity?	ced	Х		X						
c	Are there any research agreements that may result in private business use of	of bond-		x		x					
	financed property?			^		^					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or of counsel to review any research agreements relating to the financed property.		Х		Х						
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .			2 587 %		0 %					
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section	0 368 %		0 %	0 %					
6	Total of lines 4 and 5			2 955 %		0 %					
7	Does the bond issue meet the private security or payment test?			Х		Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?					х					
b				11 540 %							
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se	ections	Х			x					
9					×						
Par	IV Arbitrage										
		Α			В		С		D		
		Yes	No	Yes	No	Ye	5	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		Х						
2	If "No" to line 1, did the following apply?										
a	Rebate not due yet?	Х		Х							
b	Exception to rebate?		Х		Х						
с	No rebate due?		Х		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•		•				
3											
4a			Х		х						
b	Name of provider				,		•				
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										
	L							ii			

D

Yes

Page 3

period?

Were gross proceeds invested in a guaranteed investment

Were any gross proceeds invested beyond an available temporary

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

6
7
Pä

С		D	
	No	Yes	No
tion	ns).		

Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** Yes No No Yes Yes

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified Χ

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instruct

Schedule K (Form 990) 2015

Nο

Х

В

Nο

Χ

Yes

No

Yes

SCHEDULE M

DLN: 93493130006347

OMB No 1545-0047

2015

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

(Form 990)

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

Open to Public Inspection

Nam	e of the organization England Conservatory of Music				Employer identificat	ion nu	mber	
					23-7225104			
Ра	rt I Types of Property				T			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	53	1,361,838	Fair mkt value			
	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles	Х	1	3,000,000	Fair Market Value			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(X	5	127,550	Fair mkt value			
	ruments) Other ► ()							
	Other ► ()							
	Other • (
	Number of Forms 8283 received	by the orga	nization during the tax vea	r for contributions				
	for which the organization comple				29			3
		_					Yes	No
30a	During the year, did the organization it must hold for at least three ye				_			
	•			cion, and which is not requ	irea to be asea		ļ	l
	for exempt purposes for the enti	٠.				30a		Νo
b	If "Yes," describe the arrangeme	ent in Part I	.I				ļ	I
31	Does the organization have a gif	· ·	. ,	,		31	Yes	
32a	Does the organization hire or us contributions?	e tnira parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column	(a) is checked,			

Schedule M (Form 990) (2015)

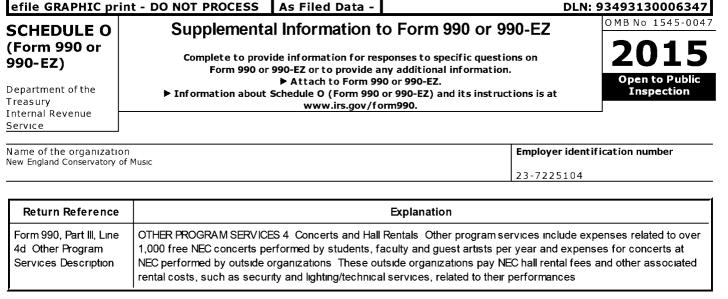
Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation Part I, Line 32, Hire and Use of Third UBS is the stock broker to which NEC directs donors who would like to make stock gifts to the Parties lorganization UBS accepts and liquidates each stock gift and sends the proceeds to NEC Car

Program Inc is used by NEC to broker vehicle donations. However, no vehicle donations were

received in the current tax year



Return Reference	Explanation
Line 11b Form 990 Review Process	In March 2010, NEC's Board of Trustees voted to delegate review and approval of the Form 990 to the Finance Committee The Finance Committee receives a copy of the draft Form 990 without Schedule Biprior to the meeting at which they review the Form 990. At the meeting, members of the Finance Committee receive a presentation on the Form 990 from management and provide input on the Form 990. In addition, NEC has tax advisors from a national accounting firm review the Form 990. Lastly, a final copy of the Form 990 without Schedule B is provided to all Trustees prior to electronically filing the return

Return Reference	Explanation	l
of Monitoring and Enforcement of Conflicts	The conflict of interest policy is distributed to officers, trustees and key employees annually. All of these individuals are required to complete the form for the past fiscal year and disclose any conflicts of interest within the form. The policy also indicates that officers, trustees and key employees are required to make conflict of interest disclosures at any time during the year that they become aware of a conflict of interest. These conflicts are reviewed by the Controller as well as the Audit Committee and disclosed within the annual financial report if material and on Form 990 if they meet the stated IRS thresholds. Individuals who have conflicts of interest or are otherwise not independent from NEC due to a business relationship or receiving compensation from NEC recuse themselves from Board of Trustees votes on matters having to do with their transactions or compensation.	

Return Reference	Explanation
Form 990, Part VI, Line	The following also refers to Part VI, Line 15a Officer and key employee compensation is reviewed by the
15b Compensation	Compensation Committee of the Board of Trustees, which hires an independent compensation consultant periodically
Review and Approval	to compare officer and key employee compensation against industry data for similarly qualified people, in functionally
Process for Officers	comparable positions at similar organizations Officers' and key employees' compensation packages are also
and Key Employees	approved by the Board of Trustees' Compensation Committee, which is comprised of individuals without any conflicts
	of interest with respect to the compensation, and the deliberations and decisions are documented
	contemporaneously as part of the committee's meetings. The process occurred in fiscal year 2014 for the Senior
	Vice President of Finance and Operations, the Executive Vice President for Institutional Advancement, and the

Provost and Dean of the College

Cymlenetics

Deturn Deference

Return Reference	Explanation
Form 990, Part VI, Line 19 Other	NEC's governing documents, conflict of interest policy, and financial statements are available to
Organization Documents Publicly Available	the public upon request for the same period of disclosure as set forth in section 6104(d)

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Planned giving net change = -\$119343

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Rounding = -\$1

Return Reference	Explanation
Form 990, Part IX, Line	Due to a Form 990 softw are limitation, the description for Part IX, Line 24e, shouldread Bad Debt Expense, not All
24e	Other Expenses

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DLN: 93493130006347OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

► Attach to Form 990.

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

Name of the organization
New England Conservatory of Music

Employer identification number

23-7225104

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) Measure for Measure LLC 1209 Orange Street Wilmington, DE 19801 23-7325104	To acquire & sell donated assets on behalf of NEC	DE			NEC		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ions Complete if the tax year.	e organization ans	swered "Yes" on	Form 990, Part	: IV, line 34 because it h	ad one	е
(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 sta (if section 501(c)		Section (13) co ent	ntrolled ity?
(a)	(b)	Legal domicile (state	(d) Exempt Code section 501(c)(3)	Public charity sta	itus Direct controlling	Section (13) co	512(b) ontrolled
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB 290 Huntington Ave Boston, MA 02115	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB 290 Huntington Ave Boston, MA 02115	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB 290 Huntington Ave Boston, MA 02115	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB 290 Huntington Ave Boston, MA 02115	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?
(a) Name, address, and EIN of related organization (1)New England Conservatory QALICB 290 Huntington Ave Boston, MA 02115	(b) Primary activity To develop NECs student	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent Yes	512(b) ontrolled oty?

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	n 512 13) olled
(1)	Investment	MA	NEC					Yes Yes	No
(1) Chantable Remainder Trusts	mvesument	MA	INEC					res	
290 Huntington Ave Boston, MA 02115									
(2)Gift Annuities 34	Investment	MA	NEC					Yes	
290 Huntington Ave Boston, MA 02115									
(3)Pooled Income Fund 13	Investment	MA	NEC					Yes	
290 Huntington Ave Boston, MA 02115									
(4) Chantable Lead Annuity Trust	Investment	МА	Loring W C Trust					Yes	
230 Congress Street Boston, MA 02110									

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

		,	,			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f	Yes	ı
g Sale of assets to related organization(s)				1g	Yes	
h Purchase of assets from related organization(s)				1h	Yes	
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
					'	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	ount in	volved	
··-·· · · - · · - · · · · · · · · ·			and the second s			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Chantable Remainder Trusts	g	166,223	Cash
(2)Chantable Remainder Trusts	h	79,622	Cash
(3)Chantable Lead Annuity Trust	а	5,000	Cash

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

revenue) that was not a related organization. See instructions r				ment	partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)			(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							

