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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

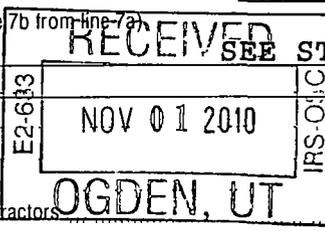
A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: GOLD COAST JAZZ SOCIETY, INC. D Employer identification number: 65-0335986. E Telephone number: 954-524-0805. F Group Exemption Number. G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: WWW.GOLDCOASTJAZZ.ORG. J Tax-exempt status (check only one) - 501(c)(3). K Check if the organization is not a section 509(a)(3) supporting organization. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 390,327.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 375,457. Expenses total: 380,171. Net assets at end of year: 1,162,316.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 1,201,249. Net assets or fund balances: 1,162,316.

SCANNED NOV 16 2010



Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a   0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b   N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a   N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b   N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ FL</span>		
42a	The organization's books are in care of <span style="float:right">▶ PAMELLA DEARDEN, EXECUTIVE D</span> Telephone no. <span style="float:right">▶ 954-524-0805</span> Located at <span style="float:right">▶ 1350 EAST SUNRISE BOULEVARD, SUITE 115</span> ZIP + 4 <span style="float:right">▶ 33304</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
		42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43   N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 X**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **47 X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **48 X**
- b If "Yes," was the related organization a section 527 organization? **49a X**
- 49b **49b**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

**Sign Here** ▶ Pamella Dearden Signature of officer Date 10/28/2010

▶ Pamella Dearden, Exec. Director Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ [Signature] Date 10/13/10 Check if self-employed  Preparer's identifying number (See instr.) \_\_\_\_\_

Firm's name (or yours if self-employed) ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S EIN ▶ \_\_\_\_\_

address, and ZIP + 4 6550 N FEDERAL HIGHWAY, SUITE 410 Phone ▶ \_\_\_\_\_

FT. LAUDERDALE, FL 33308 no. 954-771-0896

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	154,582.	327,206.	171,663.	152,184.	221,909.	1,027,544.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	154,582.	327,206.	171,663.	152,184.	221,909.	1,027,544.
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)						247,570.
6 Public support. Subtract line 5 from line 4						779,974.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	154,582.	327,206.	171,663.	152,184.	221,909.	1,027,544.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,234.	47,000.	46,382.	39,672.	22,170.	190,458.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,252.	11,450.	1,608.	1,045.	928.	16,283.
11 Total support. Add lines 7 through 10						1,234,285.
12 Gross receipts from related activities, etc (see instructions)					12	899,348.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.19 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.34 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		ANNUAL EVENT (event type)	TAUCTION (event type)	1 (total number)		
Revenue	1	Gross receipts	23,511.	11,230.	442.	35,183.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	23,511.	11,230.	442.	35,183.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,932.	4,964.		14,896.
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 14,896 )
	11	Net income summary Combine line 3, column (d), and line 10				20,287.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain. _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONCERT EXPENSE		105,636.	
EDUCATION		19,470.	
BANK FEE		6,237.	
PAYROLL TAX		5,281.	
DUES AND SUBSCRIPTIONS		1,322.	
INSURANCE		7,174.	
MISCELLANEOUS		1,563.	
OFFICE SUPPLIES		1,817.	
TELEPHONE		3,522.	
PERMITS		61.	
SCHOLARSHIPS		29,557.	
DEPRECIATION		166.	
TOTAL TO FORM 990-EZ, LINE 16		181,806.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	10,466.	7,347.	
INVESTMENTS PUBLICLY TRADED- FMV	703,983.	779,364.	
PROMISES TO GIVE	0.	38,078.	
OTHER DEPRECIABLE ASSETS	1,499.	1,333.	
TOTAL TO FORM 990-EZ, LINE 24	715,948.	826,122.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
DESCRIPTION		AMOUNT	
CONCERT ADMISSIONS		110,107.	
MISC		928.	
TOTAL TO FORM 990-EZ, LINE 8		111,035.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAIN		64,004.	
TOTAL TO FORM 990-EZ, LINE 20		64,004.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
  
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
FREDERICK G. RUFFNER, JR., 1350 E. SUNRISE BLVD. STE. 115, FT	FOUNDING PRES. 0.00	0.	0.	0.
BARBARA COOPER, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	SECRETARY 0.00	0.	0.	0.
RICHARD GOLDSTEIN, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	VICE-PRES. 0.00	0.	0.	0.
LEONARD ROBBINS, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	DIRECTOR 0.00	0.	0.	0.
RONALD L. MURFIN, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	CHAIRMAN 0.00	0.	0.	0.
JACK ROHRBAUGH, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	DIRECTOR 0.00	0.	0.	0.
TIM INGHAM, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	PRESIDENT 0.00	0.	0.	0.
ROBERTA YOUNG, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	SECRETARY/TREASURER 0.00	0.	0.	0.
JAMES MAUS, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	VICE PRESIDENT 10.00	10,000.	0.	0.
JUDY MURFIN, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	BUSINESS MANAGER 40.00	0.	0.	0.
ERIC ALLISON, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	DIRECTOR 40.00	48,840.	0.	0.
PAMELA DEARDEN, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
BELVIT JORDAN, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	DIRECTOR 0.00	0.	0.	0.
MICHELLE TUGGLE, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	DIRECTOR 0.00	0.	0.	0.

GOLD COAST JAZZ SOCIETY, INC.

65-0335986

STU GRANT, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	DIRECTOR 0.00	0.	0.	0.
WALTER "BUZZ" LAMB, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	DIRECTOR 0.00	0.	0.	0.
HAROLD "BUZZ" MERRITT, 1350 E. SUNRISE BLVD. STE. 115, FT	DIRECTOR 0.00	0.	0.	0.
JOHN B. RUFFIN, JR., 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL	DIRECTOR 0.00	0.	0.	0.
BOB DODDRIDGE, 1350 E. SUNRISE BLVD. STE. 115, FT LAUDERDALE, FL 33304	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>58,840.</u>	<u>0.</u>	<u>0.</u>

JAZZ CONCERT SERIES - SUBSCRIPTION SERIES 2009-2010 AVAILABLE TO THE GENERAL PUBLIC. JAZZ EDUCATION PERFORMANCES FOR SOUTH FLORIDA ELEMENTARY, MIDDLE AND HIGH SCHOOL CHILDREN. JAZZ OUTREACH PERFORMANCES-FREE PROGRAMS AND PERFORMANCES FOR THE GENERAL PUBLIC

PERPETUATE AND ADVANCE THE CULTURAL ART FORM OF JAZZ