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DLN: 93493135025282

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

nen to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

					Inspection						
A Fo	r the	2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-201:	1	T 5 5							
B Ch	eck ıf a	applicable C Name of organization New England Conservatory of Music		D Employer	identification number						
Ado	dress ch	nange Doing Business As		23-7225	104						
Na	me cha	nge		E Telephone	number						
Ini	tıal retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(617)58	5-1218						
Te	rmınate	290 Huntington Avenue		(017)00							
– _{Am}	nended	return City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 45,966,736						
— Ap	plication	Boston, MA 02115 n pending									
		F Name and address of principal officer	U/5)								
		i Name and address of principal officer	Π(a) Is this a	group return for affil	liates? Yes No						
			H(b) Are all	affiliates included	17						
			If "No	," attach a lıs	t (see instructions)						
r Ta	ıx-exen	npt status	H(c) Grou	p exemption n	umber 🟲						
1 14/	/obcite	e: ► www.necmusic.edu									
		ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of for	mation 1867	M State of legal domicile MA						
Pa	rt I	Summary									
		Briefly describe the organization's mission or most significant activities									
φ.	.	New England Conservatory of Music (NEC) educates and trains musicians of all	l ages from arc	ound the world							
Ě	'										
Ě											
Governance	2	Check this box দ if the organization discontinued its operations or disposed o	of more than 2	5% of its net	assets						
5	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	29						
eo V	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26						
Ē	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	tal number of individuals employed in calendar year 2010 (Part V, line 2a)								
Activities &	6	Total number of volunteers (estimate if necessary)	6	85							
₫	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-86,930						
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-100,273						
			Prio	r Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)									
ПE	9	Program service revenue (Part VIII, line 2g)									
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									
Ħ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,231,654								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	39,182,188	43,336,755							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		10,901,032	11,854,307						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	11,834,307								
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines									
8	15	5-10)									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		22,834	119,005						
홄	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,467,823									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		11,142,011	16,745,030						
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		44,236,567	51,873,780						
	19	Revenue less expenses Subtract line 18 from line 12		-5,054,379	-8,537,025						
<u>ያ</u>				of Current	End of Year						
9 <u></u>				ear							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	55,598,775	163,132,651						
end End	21	Total liabilities (Part X, line 26)		29,211,763	29,458,660						
	22	Net assets or fund balances Subtract line 21 from line 20	133,673,991								
	rt II	Signature Block									
know		lties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than office									
				12-05-14							
Sigr		Signature of officer	Da	te							
Her		Edward Lesser Sr VP Finance & Oper									
		Type or print name and title									
		Print/Type preparer's name Laura Kenney Preparer's signature Laura Kenney D		Check if self- employed	PTIN						
Paid	}	preparer's name Laura Kenney Laura Kenney Firm's name Grant Thornton LLP		employed F	Francis ETN: N						
Prep		Firm's address • 226 Causeway St	Firm's EIN								
_	Only				Phone no 🕨						
	-	Boston MA 02114			i						

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

┌Yes ┌No

Higher Education College - Programs leading to bachelors degrees, masters degrees, doctoral degrees, and diplomas (810 students)

4b (Code) (Expenses \$ 6,260,360 including grants of \$ 632,224) (Revenue \$ 4,595,384)

including grants of \$

11,040,883) (Revenue \$

31,788,293

Student Services Program, General/Other Dormitory/Dining - Room and board for residential students (146 students)

(Code) (Expenses \$ 1,496,117 including grants of \$ 181,200) (Revenue \$ 1,867,238)

Continuing Education Programs School of Preparatory and Continuing Education - Music instruction for children and adults not leading to a specific degree (2,265

- 4d Other program services (Describe in Schedule O)
- (Expenses \$ including grants of \$) (Revenue \$)

) (Expenses \$

4a

4c

(Code

27,183,365)

Part TV	Checklis	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	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, 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 term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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	
C	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.	11c		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.	11d		No
e	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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	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, XII, and XIII 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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the U S ? 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 assistance to individuals located outside the U S ? 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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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) and 501(c)(4) 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 222			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10	103	
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	_	No
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N.a.
	Sponsoring organizations maintaining donor advised funds.	•		No
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
D	THE TIES. THAS IT THER A FORM 7.20 TO REPORT THESE DAVIMENTS? IT "NO." DROVIDE AN EXPLANATION IN SCHEDILLE ()	14b		l No

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

Se	ection A. Governing Body and Management					
		\longrightarrow	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
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	Does the organization have members or stockholders?	6		No		
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	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?	8b	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		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	103			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	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 taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No		
Se	ection C. Disclosure	05		.,,		
17	List the States with which a copy of this Form 990 is required to be filed▶MA					
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 make these available. Check all that apply					
	C Own website C Another's website C Unon request					

│ Own website │ Another's website │ Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Amanda Gates Controller

290 Huntington Avenue Boston, MA 02115 (617) 585-1218

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

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 organ	nization nor any r	sated any current officer, director, or trustee								
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

		T							,				
	(A) Name and Title	(B) Average hours	(C) Position (check all that apply)		II		'	(E) Reportable compensation from related		(F) Estima mount of	ted f other		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from t rganizati relate organiza	he on and ed
See A	ddıtıonal Data Table												
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								\vdash			+		
								\vdash			+		
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											-		
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1b	Sub-Total							۲					
	Total from continuation sheets	•					 -		2 002 525		_		12.211
d							- 1)	2,003,525	-			313,311
2	Total number of individuals (incl \$100,000 in reportable compen						apove) wnc	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci									ated employee	3		No
4	For any individual listed on line organization and related organiz	ations greater t	han \$15	0,00	007	f "Y	es," co	mple	te Schedule J for suc		4	Yes	
5	Did any person listed on line 1a									r individual for	4	res	
-	services rendered to the organiz										_		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Tishman Construction Corp 84 State St 10th Floor Boston, MA 02109	Construction	4,206,235
CPC EnterprisesInc Aster StationPO Box 230160 Boston, MA 02123	Copier & mail mgmt	339,849
Beth Israel Deaconess Medical 1309 Beacon St Brookline, MA 02446	Medical Service	282,530
Aramark Services Inc 1101 Market St Philadelphia, PA 19107	Dining hall mgmt	551,768
AM-PM Cleaning Corp 295 Weston St Waltham, MA 02453	Cleaning service	395,414
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization \$14	who received more than	

		2010)					Pa	ge 9
art \	/ • •	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	
						function revenue		from tax under
								512, 513, o 514
3 42	1a	Federated campaigns	1a					
and other similar amounts	b	Membership dues	. 1b					
"€	c	Fundraising events	1c	591,416				
्रेह	d	Related organizations	. 1d					
		Government grants (contributions)		141,076				
\$ 70		All other contributions, gifts, grants		5,879,941		 		
₹	Т	sımılar amounts not ıncluded abov	e					
모	g	Noncash contributions included in I	ines 1a-1f \$	874,015				
ᇤ	h	Total. Add lines 1a-1f	and the second second		6,612,433			
<u> 1</u>				Business Code				
Program Service nevenue	2a	Tuition and academic fees		611710	20 166 676	20 166 676		
É	ь	Student health insurance		611710 524114	588,531	30,166,676 588,531		
د	c	Room and board		721310	•	1,867,238		
2	d	Non-academic fees		611710	713,747			
[e	Medical fees		621300	282,525	282,525		
9	f	All other program service re	venue		27,270	27,270		
-	g	Total. Add lines 2a-2f .			33,645,987			
	3	Investment income (includir	ng dividends, interest					
		and other similar amounts)			850,206		-86,930	937,
	4	Income from investment of tax-ex	rempt bond proceeds		140			:
	5	Royalties			0			
			(ı) Real	(II) Personal				
		Gross Rents	758,326					
	Ь	Less rental expenses	394,750					
	C	Rental income or (loss)	363,576					
	d	d Net rental income or (loss)		•	363,576			363,
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,215,174					
	_	Less cost or other basis and sales expenses	2,043,516					
		Gain or (loss)	1,171,658					
		Net gain or (loss)			1,171,658			1,171,
	8a	Gross income from fundraisi (not including \$591,416						
		of contributions reported on See Part IV, line 18						
			a	103,000				
		Less direct expenses .		169,801				
		Net income or (loss) from fu			-66,801			-66,
			ectivities See Part IV, line 19 .					
		Less direct expenses . Net income or (loss) from ga	· · · · · · · · · · · · · · · · · · ·	b	0			
•		Gross sales of inventory, les						
		returns and allowances .						
			a	12,593				
		Less cost of goods sold . Net income or (loss) from sa		21,914	-9,321			-9,:
	С	Miscellaneous Revenue	nes of mivenitory F	Business Code	-5,321			- 9,.
	112	Parking (employees)		812930	120,671			120,
				532000	296,876			
		Hall rentals		711130	297,787			
		Concerts and tours All other revenue		,11150	53,543	·		
		Total. Add lines 11a-11d			33,343	55,545		
	٠	.Jean Add IIIIes IIa-IId			768,877			
	12	Total revenue. See Instructi	ons .	ļ	43,336,755		_96.020	2,517.0
ı					42,330,/33		-00,930	. L.JI/,

Part IX Statement of Functional Expenses

Δ.	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b,		(B)	(c)	(D)					
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,500	7,500		_					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,846,807	11,846,807							
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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	1,325,766	197,960	869,699	258,107					
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	17,894,742	15,049,945	1,697,307	1,147,490					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	515,532	443,329	41,691	30,512					
9	Other employee benefits	2,060,031	1,700,786	222,649	136,596					
10	Payroll taxes	1,359,367	1,084,642	176,575	98,150					
а	Fees for services (non-employees) Management	0								
Ь	Legal	57,832	33,775	21,458	2,599					
c	Accounting	101,612	3,000	98,612	_					
d	Lobbying	0			_					
e	Professional fundraising services See Part IV, line 17	119,005			119,005					
f	Investment management fees	215,466		215,466	· · · · · ·					
g	Other	1,510,296	830,408	623,667	56,221					
12	Advertising and promotion	172,678	15,127	156,471	1,080					
13	Office expenses	1,270,225	767,535	403,668	99,022					
14	Information technology	1,088,897	57,912	1,030,985						
15	Royalties	0								
16	Occupancy	2,069,622	645,556	1,423,391	675					
17	Travel	1,253,733	1,049,434	70,019	134,280					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	72,860	49,801	10,936	12,123					
20	Interest	1,172,374	988,779	138,106	45,489					
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	1,899,173	1,564,196	93,452	241,525					
23	Insurance	0								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	Student health and food	1,355,421	1,355,421							
b	Payroll processing & temp agen	56,040		56,040	_					
c	Bad debt/loss	4,340,150	9,564	4,330,586						
d	Allocation of Building Ops	0	1,780,969	-1,862,902	81,933					
e	All other expenses	108,651	62,324	43,311	3,016					
f	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24f	51,873,780	39,544,770	9,861,187	2,467,823					
26	Joint costs. Check here ►									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,341,489	1	2,387,928
	2	Savings and temporary cash investments $\ . \ . \ . \ . \ .$		2,611,578	2	2,342,411	
	3	Pledges and grants receivable, net	11,584,224	3	7,563,776		
	4	Accounts receivable, net			400,335	4	176,235
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and				
		Schedule L		500,000	5	500,000	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	ers, and				
S S		Schedule L			6	0	
Assets	7	Notes and loans receivable, net			3,521,867	7	3,134,993
4	8	Inventories for sale or use			8	0	
	9	Prepaid expenses and deferred charges		393,601	9	358,084	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	61,375,862			
	b	Less accumulated depreciation	10b	23,631,323	37,671,125	10 c	37,744,539
	11	Investments—publicly traded securities	35,242,786	11	40,261,897		
	12	Investments—other securities See Part IV, line 11	62,331,770	12	68,662,788		
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11		15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			155,598,775	16	163,132,651
	17	Accounts payable and accrued expenses .			2,830,204	17	2,818,427
	18	Grants payable			18		
	19	Deferred revenue	642,492	19	530,670		
	20	Tax-exempt bond liabilities		21,778,305	20	21,791,878	
es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,960,762	25	4,317,685
	26	Total liabilities. Add lines 17 through 25			29,211,763	26	29,458,660
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete l	ines 27			
ġ		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			37,100,948	27	38,642,355
Ba	28	Temporarily restricted net assets		26,330,192	28	34,743,664	
Fund	29	Permanently restricted net assets			62,955,872	29	60,287,972
Ful		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ are	nd con	nplete			
ĕ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			126,387,012	33	133,673,991
	34	Total liabilities and net assets/fund balances \dots . \dots .			155,598,775	34	163,132,651

140	Check if Schedule O contains a response to any question in this Part XI			. [고		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		433	336,75!	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,873,780	
3	Revenue less expenses Subtract line 2 from line 1	3		-8,5	537,025	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		126,3	387,012	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		15,8	324,004	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		133,6	573,99:	
Par	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮		
1	Accounting method used to prepare the Form 990 Cash F Accrual Other	[Yes	No	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in	ا اماده		165		
u	on a separate basis, consolidated basis, or both	Jaca				
	▼ Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes		

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OMB No 1545-004

2010

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SCHEDULE A

(Form 990 or 990EZ)

Name of the organization New England Conservatory of Music

Department of the Treasury Internal Revenue Service

h

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. ► See separate instructions.

Employer identification number

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

he	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II)
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

_	,	
7	\sqcap	An organization that normally receives a substantial part of its support from a governmental unit or from the general public
		described in

mmunity trust described in section 170(b)(1)(A)(vi) (Complete Part II)

section 170(b)(1)(A)(vi) (Complete Part II)

U		A community trust described in section 170(b)(1)(A)(VI) (complete rate 11)
9	\sqcap	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 See section 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

a Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons

other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

the box that describes the type of supporting organization and complete lines 11e through 11h

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

S	ection A. Public Support		and to quanty t			out complete			
	endar year (or fiscal year beginning								
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its								
_	behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the								
	amount shown on line 11, column								
	(f)								
6	Public Support. Subtract line 5 from								
Ū	line 4								
S	ection B. Total Support		<u> </u>	I I.					
	endar year (or fiscal year beginning								
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	A mounts from line 4								
8	Gross income from interest,								
Ū	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
	sources								
9	Net income from unrelated								
	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support (Add lines 7								
	through 10)					<u> </u>			
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12			
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı			
	check this box and stop here						►		
	-tiC Ct-ti	L'a Carana at B							
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))					
	· ·		•	II Column (1))		14			
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15			
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check			
_	and stop here. The organization qua						▶ □		
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -		
	box and stop here. The organization				45.46		►		
1/a	10%-facts-and-circumstances test-								
	is 10% or more, and if the organization made						rt a d		
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo			
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □		
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ								
	Explain in Part IV how the organization						v		
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯		
18	• • •	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1		
	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see								

organization

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** New England Conservatory of Music 23-7225104 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Par	t Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	asures, or C	the	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing tha	t are a significa	ant u	se of its collectio	n	
а	▼ Public exhibition		d	~	Loan or	exchange prog	ams			
b	Scholarly research		е	Γ	Other					
c	▼ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	/ further t	he organizatior	ı's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	√ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributio	ns or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able	Г		Amo	t	
_	Beginning helenge					H	16	Allio	unc	
c d	Beginning balance					}	1c 1d			
e	Additions during the year Distributions during the year					-	1e			
f						ŀ	16 1f			
	Ending balance	000 Deat V Ive	242			L	TI			
2a	Did the organization include an amount on Fo		21/					ı	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV				الحملال أحدا	t- F 000	D	+ TV 1 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior					e) Four \	/ears Back
1a	Beginning of year balance	98,406,963		•	,613,212	99,875,9	_	Lyrinee rears back	<u></u>	rears back
ь	Contributions	2,888,700		2	2,062,944	3,510,4	06			
c	Investment earnings or losses	16,311,430		10	,663,132	-11,417,7	95			
d	Grants or scholarships	-2,325,994		-1	.,541,568	-950,4	77			
e	Other expenditures for facilities	-3,015,571		-2	2,188,672	-1,163,2	:33			
f	Administrative expenses	-215,466			-202,085	-241,6	36			
g	End of year balance	112,050,062		98	3,406,963	89,613,2	12			
2	Provide the estimated percentage of the yea	r end balance held a	as				-	,		
а	Board designated or quasi-endowment 🕨	22 810 %								
b	Permanent endowment 🕨 75 640 %									
c	Term endowment ► 1 550 %									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	ire held a	nd admınıstere	d for	the	Yes	No
	(i) unrelated organizations							3a(i)	+	No
	(ii) related organizations							3a(ii))	No
b	If "Yes" to 3a(II), are the related organizatio	•						3b		No
4	Describe in Part XIV the intended uses of th									
Par	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990), Part X, line	10.	Г		
	Description of investment				Cost or oth (Investme			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					1,669	,497			1,669,497
b	Buildings					46,937	,941	15,240,843	3	31,697,098
c	Leasehold improvements					562	,864			562,864
d	Equipment					12,205	,560	8,390,480		3,815,080
_ e	Other	<u></u>								
Tota	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)), line	10(c).) .	·		►	3	37,744,539
								Schedule D (Form 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests	10,705,337	
Other		
	60.552.700	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	00/002/100	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lii		
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part >		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	. ,	
	2.52	
UAS Non-cash Transactions	263	
Planned giving liability	770,172	
Perkins Loan Refundable Advances	3,547,250	
Tabel (Column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a walls a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a constant of the column (h) should a wall a column (h) should a column (h) should a wall a column (h) should a wall a column (h) should a wall a column (h) should a column (h) sho		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,317,685	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,336,755
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,873,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,537,025
4	Net unrealized gains (losses) on investments	4	15,140,036
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	683,968
9	Total adjustments (net) Add lines 4 - 8	9	15,824,004
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,286,979
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	43,226,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	104,880
3	Subtract line 2e from line 1	3	43,121,289
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 215,466		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	215,466
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,336,755
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	35,939,190
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-11,452,058
3	Subtract line 2e from line 1	3	47,391,248
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 215,466		
b	Other (Describe in Part XIV)]	
С	Add lines 4a and 4b	4c	4,482,532
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	51,873,780
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The Conservatory recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit Tax positions for the open tax years as of June 30, 2010 were reviewed, and it was determined that no provision for uncertain tax positions was required as of June 30, 2011 or 2010 Management believes that the Conservatory's income tax returns for fiscal years ending June 30, 2007 and prior are no longer subject to examination by taxing authorities
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Bad debt expense \$4267066
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Planned giving net change \$683964 Rounding \$4
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment revenue is used to support program-related activities
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	NEC's historical instruments are exhibited as art objects on campus and at the Museum of Fine Arts, Boston NEC's rare books, recordings and letters are part of its library holdings, available for research by NEC students and staff as well as others from the community
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not report are, historical treasures, o	The Conservatory maintains collections of historical instruments, art, vocal scores, recordings, and literary works. These collections are protected and preserved for public exhibition, education, 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 purposes.

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As Filed Data -

DLN: 93493135025282

OMB No 1545-0047

2010

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization New England Conservatory of Music ►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Schools

Employer identification number

23-7225104

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
4	Does the organization maintain the following?	1		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
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?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	_		
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a	 	No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		-		
		1		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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	7	Yes	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		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 this nondiscriminatory policy and has a racially balanced student body.
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		US Dept of Education student grants and loans \$7,831,880, US Dept of Education Fund for Improvement of Postsecondary Education \$90,804, Commonwealth of Massachusetts Cultural Council \$22,060

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493135025282

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	England Conservatory of Music				Employer ident	in leacton number
A C AA	Eligiand Conservatory of Music				23-7225104	
Pa	rt I General Information "Yes" to Form 990, Page 1990,			he United States. C	omplete if the organiz	zation answered
1	For grantmakers. Does the assistance, the grantees' el					
	the grants or assistance? .		_	·		
2	For grantmakers. Describe in P United States	art V the organiz	atıon's procedui	res for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	: V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	expenditures for region/investments in region
	Russia	0	0	Program services	A cademic activities	1,146
	Mıddle East	0	0	Program services	A cademic activities	1,69!
	South America	0	0	Fundraising		4,08
	South America	0	0	Program services	A cademic activities	45,410
	N Amer (Canada & MX)	0	0	Program services	A cademic activities	3,17!
	Europe	0	0	Program services	A cademic activities	65,95
	East Asia & the Pacific	0	0	Fundraising		7,35
	East Asia & the Pacific	0	0	Program services	A cademic activities	22,25
	Central Amer & Caribbean	0	0	Program services	A cademic activities	629
	-					
3a	Sub-total					151,71:

b Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

151,711

Pa	Part IV,	line 15, for any					plete if the organiza received more thai			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	Entor total au	mhor of rocus	int organizations lis	tod above that are	rocognized as share	tios by the foreign	country recognized	25		
	tax-exempt by	y the IRS, or fo	or which the grante	e or counsel has pro	ovided a section 50	1(c)(3) equivalency	country, recognized letter	· 		
<u>3</u>	Enter total number of other organizations or entities									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(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)
			I				
			1				
			i				
			1				
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-			 I		,		
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	\rightarrow	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	No
5	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)	F	Yes	Г	No
6	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).	Г	Yes	▽	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 23-7225104

Name: New England Conservatory of Music

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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As Filed Data -

DLN: 93493135025282

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

Internal Rev	renue Service	Attach	to Form 990) or Form 99	0-EZ. 🏲 See separate instruct	ions.	,	Inspection	
	f the organization gland Conservator	y of Music					Employer iden	tification number	
							23-7225104		
Part	I Fundraisin	g Activities. Complete	e if the o	organizat	tion answered "Yes"	to Form	າ 990, Part IV,	, lıne 17.	
1 In	dicate whether the	organization raised funds	through a	any of the	following activities Ch	eck all tl	hat apply		
a ✓	Mail solicitation	s		е	Solicitation of noi	n-govern	ment grants		
ь Г	Internet and e-n	naıl solıcıtatıons		f	Solicitation of go	vernmen	t grants		
	Phone solicitation			g	Special fundraisir	ng event:	5		
d ⊾	In-person solicit	tations							
	_	have a written or oral agre ted in Form 990, Part VII		•	, ,	•	•	マ Yes 「	– _N
		highest paid individuals or at least \$5,000 by the orga							
(i) Name and address of lindividual or entity (fundraiser)			fundrais custo cont	Did ser have ody or trol of	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount pai (or retained b organization	у)
			Yes	No No				l	
		Consulting	163	140					
Wayland	d Group ston Post			l No			119,005	I	
Sudbury	y, MA 01776								
Total .				•			119,005		
	st all states in whice	ch the organization is regis	tered or l	licensed t	o solicit funds or has b	een notıf	ied it is exempt	from registration	or
МА									

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 Boston Gala (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
φ	1	Gross receipts	694,416	,		694,416
Reveilue	2	Less Charitable contributions	591,416	,		591,416
<u>~</u>	3	Gross income (line 1 minus line 2)	103,000)		103,000
	4	Cash prizes				
မှ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	5,500)		5,500
	7	Food and beverages	99,919			99,919
Direct	8	Entertainment	2,750)		2,750
莅	9	Other direct expenses .	61,632	2		61,632
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		169,801
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-66,801
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
968	2	Cash prizes				
Expenses	3	Non-cash prizes				
ă K	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes <u>%</u> Г No	Г Yes <u>%</u> Г No	Г Yes	_
		Direct expense summary Add lines Net gaming income summary Com				
9 a b	Ente Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	tion operates gaming ac	tivities		
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	ded or terminated during	; the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493135025282

Open to Public
Inspection

Name of the organization						Employer identifi	cation number
New England Conservatory of M	USIC					23-7225104	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants o	orassistance?					∀ Yes ⊢
Form 990, Part I	V, line 21 for any r	Governments and ecipient that received ded	l more than \$5,000.	Check this box if no	o one recipient recei	ved more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) Commonwealth Shakespeare Co539 Tremont St Unit 308 Boston, MA 02116	04-2947682	501(c)3	7,500	0			Support free performances of plays

Enter total number of section 501(c)(3) and government organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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	1136	11,846,807			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		NEC monitored the grant by having staff present for the Commonwealth Shakespeare Company performances for which the grant was provided
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 and other fees assessed by NEC Preparatory program, continuing education program and summer session scholarships are tracked separately and 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, financial need and other similar standards

DLN: 93493135025282

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

new	England Conservatory of Music	23-7225104			
Pa	rt I Questions Regarding Compensatio	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	✓ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all to Compensation committee Independent compensation consultant Form 990 of other organizations	Hat apply Written employment contract Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization $% \left(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0$	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only multiple For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	·			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow th	e rebuttable presumption procedure described 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 in 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Compensation Com					· ,	· ·			
(i) Base compensation compensation compensation compensation Form 990 or Form 990 or Form 990 e Z (1) Woodcock Anthony (i) (ii) 506,296 15,842 20,095 39,119 581,352 (2) Wolff Hugh (ii) (iii) 240,180 342 8,201 20,049 200,133 (3) Weilerstein Donald (iii) (iii) 181,831 342 7,018 6,705 195,896 (5) Lesser Laurence (iii) 159,977 164 7,184 6,814 174,139 (6) Lesser Edward (iii) 210,830 15,842 20,495 23,940 271,107 (7) Jones Donald E (iii) 157,289 319 6,978 13,158 177,744 (8) Fined Bies Minam (iii) 157,289 319 6,978 13,158 177,744 (9) Buswell James (iii) 138,750 286 6,264 25,399 170,699 (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (17) (17) (17) (17) (17) (17	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation						
(1) Woode-bek Antionly (ii) 171,541 342 8,201 20,049 200,133 (3) Wellerstein Donald (ii) 240,180 225 8,507 52,200 301,112 (4) Novak Thomas (i) 181,831 342 7,018 6,705 195,896 (5) Lesser Laurence (i) 159,977 164 7,184 6,814 174,139 (6) Lesser Edward (ii) 210,830 15,842 20,495 23,940 271,107 (7) Jones Donald E (ii) 187,627 15,842 19,235 21,950 244,654 (6) Fried Biss Minam (ii) 157,289 319 6,978 13,158 177,744 (9) Buswell James (i) 138,750 286 6,264 25,399 170,699 (10) (11) (12) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15				(ii) Base incentive reportable co		benefits	(B)(ı)-(D)	Form 990 or	
(a) Weilerstein Donald (ii) 240,180 225 8,507 52,200 301,112 (4) Novak Thomas (ii) 181,831 342 7,018 6,705 195,896 (5) Lesser Laurence (i) 159,977 164 7,184 6,814 174,139 (6) Lesser Edward (ii) 210,830 15,842 20,495 23,940 271,107 (7) Jones Donald E (ii) 187,627 15,842 19,235 21,950 244,654 (8) Fried Biss Mirriam (ii) 157,289 319 6,978 13,158 177,744 (9) Buswell James (i) 138,750 286 6,264 25,399 170,699 (10) (11) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	(1) Woodcock Anthony	(I) (II)	506,296		15,842	20,095	39,119	581,352	
(a) Novak Thomas (i) 181,831 342 7,018 6,705 195,896 (ii) 159,977 164 7,184 6,814 174,139 (iii) 210,830 15,842 20,495 23,940 271,107 (iii) 187,627 15,842 19,235 21,950 244,654 (iii) 157,289 319 6,978 13,158 177,744 (iii) 138,750 286 6,264 25,399 170,699 (iii) (iii) 138,750 286 6,264 25,399 170,699 (iii) (iii) (iii) 138,750 17,107 (iiii) 138,750 17,107 (iiiii) 138,750 17,107 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	(2) Wolff Hugh	(I) (II)	171,541		342	8,201	20,049	200,133	
(i) 159,977 164 7,184 6,814 174,139 (6) Lesser Edward (i) 187,627 15,842 20,495 23,940 271,107 (7) Jones Donald E (i) 187,627 15,842 19,235 21,950 244,654 (8) Fried Biss Miriam (i) 157,289 319 6,978 13,158 177,744 (9) Buswell James (i) 138,750 286 6,264 25,399 170,699 (10) (11) (12) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15) (15) (15) (15) (15) (16) (16) (16) (17,152) (16) (17,152) (17,152) (18	(3) Weilerstein Donald	(I) (II)	240,180		225	8,507	52,200	301,112	
(i) 210,830 (1) 210,830 (1) 15,842 20,495 23,940 271,107 (7) Jones Donald E (1) 187,627 15,842 19,235 21,950 244,654 (8) Fried Biss Miriam (1) 157,289 319 6,978 13,158 177,744 (9) Buswell James (1) (1) 138,750 286 6,264 25,399 170,699 (10) (11) (12) (12) (13) (14) (15) (15) (15)	(4) Novak Thomas	(I) (II)	181,831		342	7,018	6,705	195,896	
(i) 187,627 15,842 19,235 21,950 244,654 (8) Fried Biss Mirram (i) 138,750 286 6,264 25,399 170,699 (10) (11) (12) (13) (14) (15) (15)	(5) Lesser Laurence	(I) (II)	159,977		164	7,184	6,814	174,139	
(8) Fried Biss Miriam (1) 157,289 319 6,978 13,158 177,744 (9) Buswell James (1) 138,750 286 6,264 25,399 170,699 (11) (12) (13) (14) (15)	(6) Lesser Edward		210,830		15,842	20,495	23,940	271,107	
(9) Buswell James (1)	(7) Jones Donald E	(I) (II)	187,627		15,842	19,235	21,950	244,654	
(10) (11) (12) (13) (14) (15) (15)	(8) Fried Biss Miriam		157,289		319	6,978	13,158	177,744	
(11) (12) (13) (14) (15)	(9) Buswell James	(I) (II)	138,750		286	6,264	25,399	170,699	
(12) (13) (14) (15)	(10)								
(13) (14) (15)	(11)								
(14)	(12)								
(15)	(13)								
	(14)								
(16)	(15)								
	(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part III, Additional Information	The following refers to Part I, Line 4b, Supplemental Nonqualified Retirement Plan Anthony Woodcock \$34,500, Donald Jones \$9,500, Edward Lesser \$9,500, representing NEC's contributions to a 457(f) plan that vests at a future date and has therefore been deferred for tax purposes Vesting is contingent upon continued employment, termination would result in forfeiture of unvested 457(f) contributions
	1a Relevant Information in	First class travel provided to NEC's President for one leg of a five-leg flight to Asia on NEC business (approximately \$1,000) Companion travel provided to the President's wife for train transportation to New York City, air transportation to Phoenix, AZ and Miami, FL, and various meals while on these and other trips, during which she assisted with NEC's fundraising efforts (approximately \$1,000 total) These first class and companion travel costs are considered bona fide business expenses and were fully documented and approved under the NEC Travel Policy

Schedule J (Form 990) 2010

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Schedule K (Form 990)

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 Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493135025282

2010

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

New England Conservatory of Music

Employer identification number

	2. Ingland Competitudely of France									2	3-722	5104			
Pa	rt I Bond Issues			_											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	Description	of Purpose	(g) Dei	eased	Beh) On alf of suer) Pool ancing
										Yes	No	Yes	No	Yes	No
A_	Mass Development Fin Agency	04-3431814	57583RZU2	09-04-2008	21,90	2,110	Capita	l expenditui	-es		Х		Х		Х
_													1	—	
_														+	+
Pa	rt III Proceeds						<u> </u>								
						A		E	3		С			D	
1	A mount of bonds retired														
2	A mount of bonds legally defea	ased													
3	Total proceeds of issue					22,689	9,076								
4	Gross proceeds in reserve fun					1,581	1,484								
5	Capitalized interest from proc	eeds													
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds					320	0,927								
8	Credit enhancement from proc	ceeds													
9	Working capital expenditures														
10	Capital expenditures from pro	ceeds				20,038	3,776								
11	O ther spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	n			2.0	11			_						
					Yes	N	0	Yes	No	Yes		No	Ye	5	No
14	Were the bonds issued as part	t of a current refund	ling issue?			X	(
15	Were the bonds issued as part	t of an advance refu	ındıng ıssue?			Х	(
16	Has the final allocation of prod	ceeds been made?			Х										
17	Does the organization maintai allocation of proceeds?	ın adequate books a	and records to supp	port the final	×										
Pai	rt IIII Private Business U	Jse									•				
						A	<u> </u>	E	·		C		 	D	
	Was the organization a new to			I.C. which award	Yes	N ₁	0	Yes	No	Yes		No	Yes	`	No
1	Was the organization a partne	r in a partnership, o	ra memperoran L	LLC, which owned		x	(

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

			A		В	c			D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х							
b	Are there any research agreements that may result in private business use of bond-financed property?		Х						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government						•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							

	Albitage	1						1	
		Α		В		С		D	1
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
2	Is the bond issue a variable rate issue?		X						
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
			^						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?	×							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

	Ident if ier	Return Reference	Explanation
			The \$786,966 difference between Part I, column (e) and Part II, Line 3 is due to a discount on the bond issue that is being amortized over its 30-year term. This difference will be reduced over the bond term.
Ī			
-			
-			

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As Filed Data -

DLN: 93493135025282

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

Name of the organization New England Conservatory of Music							E	mployer i	dent if ica	tion numb	er	
Part I Excess Benefit Tra	ncacti	ione (c	action 501	(c)(3) =	and saction 501	(c)(4)		3-72251				
Complete if the organization										ne 40b		
1 (a) Name of disq				(b) Description						(c) Corrected?		
					• •	•				Yes	No	
2 Enter the amount of tax impos		_		_			_	ear unde	r			
section 4958									·			
3 Enter the amount of tax, if any	, on line	e Z, abo	ve, reimburs	ea by th	e organization .				* —			
Part II Loans to and/or												
Complete if the organi	zation a T	nswere	d "Yes" on F	orm 990	, Part IV , line 26 , I	, or Form I	1 990-E			a T		
	(b) Loan to					(e) I	(f) In Approved			(g)Written		
(a) Name of interested person and purpose	1	m the zation?	(c)O rig		(d)Balance due	defau		by board or		agreeme		
parpose	<u> </u>	From	j principar a	inio di ic		Yes	l Na	commit Yes		Vac	l Na	
(1) Anthony Woodcock	То	From				res	No	Yes	No	Yes	No	
Mortgage		×	5	00,000	500,000		No	Yes		Yes		
		 						-		-	-	
		<u> </u>						-			-	
Total				▶ \$	500,000						1	
Part IIII Grants or Assista	nce Be	enefitt	ina Intere		•	<u> </u>						
Complete if the orga						, line 2	7.					
(a) Name of interested pers	son	(1			en interested per	son	(c) A m	nount of a	rant or ty	pe of assı	stance	
			an	d the or	ganızatıon					<u>'</u>		

Part IV	Business	Transactions	Involvina	Interested	Persons
		I I a I I Sa Ca	±111 0 1 0 1 1 1 1 1 9	ziitoi obtoa	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ni aliswered tes oli	roilli 990, Pait IV, III	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
1) The Baupost GroupLLC	Part V below	390,960	See Part V below		Νo

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		Schedule L, Part IV, Business Transactions Involving Interested PersonsNEC Board Trustee and Treasurer Thomas W Blumenthal is an officer and key employee of The Baupost Group, L L C NEC Board Trustee Isabel M Shattuck is the spouse of an officer and key employee of the The Baupost Group, L L C as well The Baupost Group, L L C is the manager of Baupost Value Partners L P IV, in which NEC is invested

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493135025282

OMB No 1545-0047

SCHEDULE M (Form 990)

NonCash Contributions

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

New England Conservatory of Music 23-7225104 Types of Property (a) (b) (c) (d) Check if Number of Contributions or items Noncash contribution amounts Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded Χ 33 749,015 Fair mkt value 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other . . 18 Collectibles . . . **19** Food inventory 20 Drugs and medical supplies **21** Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . Χ 3 125,000 Qual appraisal Other ► (Instruments) 25 26 Other ▶(_ Other ►(_ 27 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 4 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Cat No 51227J

Schedule M (Form 990) 2010

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		UBS is the stock broker to which NEC directs donors who would like to make stock gifts to the organization 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

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135025282

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization New England Conservatory of Music **Employer identification number**

23-7225104

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	, ,	NEC's governing documents, conflict of interest policy, and financial statements are available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The following also refers to Part VI, Line 15a Officer and key employee compensation is reviewed by the Compensation Committee of the Board of Trustees, which hires an independent compensation consultant periodically to compare officer and key employee compensation against industry data for similarly qualified people, in functionally comparable positions at similar organizations. Officers' and key employees' compensation packages are also 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 2007 for the NEC President, in 2009 for the Senior Vice President of Finance and Operations and the Vice President for Institutional Advancement, and in 2010 for the Dean of the College. The NEC President's compensation was reviewed again by the indepedent compensation consultant in 2011 and will be reviewed by the Compensation Committee in 2012.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 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 prior to their meeting in mid-November. 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 is provided to all Trustees prior to electronically filing the return.

Identifier Return Reference		Explanation					
III, Line 3	Form 990, Part III, Line 3 Ceased Conducting or Significant Changes To Services	The Research Center for Learning Through Music, which had been reported as an other program expense in prior years, concluded its operations as of June 30, 2010					

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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 Independent Contractors										
(A) Name and Title	(B) Average hours per week		tion (that a	che)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations
		individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former		organizations (W- 2/1099- MISC)	
Young Lane D Board Trustee	2 00	Х						0	0	0
Yogg Joan Board Trustee	2 00	×						0	0	0
Woodcock Anthony President	40 00	Х		Х				522,138	0	59,214
Wolff Hugh College Faculty	35 00					х		171,883	0	28,250
Wisneski Frank Vice Chair	2 00	Х		Х				0	0	0
Weilerstein Donald College Faculty	35 00					х		240,405	0	60,707
Vaill Timothy Board Trustee	2 00	Х						0	0	0
Thonis Michael Board Trustee	2 00	Х						0	0	0
Sloan Norton Q Board Trustee	2 00	Х						0	0	0
Shattuck Isabel M Board Trustee	2 00	Х						0	0	0
Scheer Ruth C Board Trustee	2 00	Х						0	0	0
Sallop Linda Board Trustee	2 00	Х						0	0	0
Rubin Sally L Board Trustee	2 00	Х						0	0	0
Prevost Patrick Board Trustee	2 00	Х						0	0	0
Pratt Harold I Vice Chair	2 00	Х		х				0	0	0
Perry E Lee Board Trustee	2 00	Х						0	0	0
Novak Thomas Dean of College	40 00				х			182,173	0	13,723
Lesser Laurence College Faculty	35 00					х		160,141	0	13,998
Lesser Edward Sr VP Fin & Op	40 00			х				226,672	0	44,435
Joni Dr Saj-nicole A Board Trustee	2 00	Х						0	0	0
Jones Donald E VP Inst Advance	40 00				Х			203,469	0	41,185
Hori Shintaro Board Trustee	2 00	Х						0	0	0
Holland Nancy Noble Board Trustee	2 00	Х						0	0	0
Hodges Eloise Board Trustee	2 00	Х						0	0	0
Harcovitz Ruth Board Trustee	2 00	Х						0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi t	((tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
per week		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Friedlaender JStephen Board Chariman	8 00	Х		Х				0	0	0
Fried Biss Miriam College Faculty	35 00					х		157,608	0	20,136
Ferguson Corinne Board Trustee	2 00	Х						0	0	0
Ett Alan Board Trustee	2 00	Х						0	0	0
Erichsen Peter Secretary	2 00	Х		Х				0	0	0
Elfers Deborah B Board Trustee	2 00	Х						0	0	0
de Grossmann Morella M Board Trustee	2 00	Х						0	0	0
de Braganca Barbara Board Trustee	2 00	Х						0	0	0
Buswell James College Faculty	35 00					х		139,036	0	31,663
Burnes Kennett F Board Trustee	2 00	Х						0	0	0
Braverman Paul Board Trustee	2 00	Х						0	0	0
Blumenthal Thomas Treasurer	2 00	Х		Х				0	0	0