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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)

0.00

2010

OMB No 1545-0047

Open to Public Inspection

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

New York Ord Systemory INC C/O DAMD PHILLIPS Dong Business As    ETdephone number	For the	2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011	1 -	) Employer i	dentification number
Triesta return Terminated Author and street (or PO box if mail is not delivered to street address)  Room/suite Soo 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  Website: ▶ www nws edu  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  Website: ▶ www nws edu  F Summary  I Briefly describe the organization of nost significant activities THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES of PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES of PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES  2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of independent voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2010 (Part V, line 2b)  5 Total number of independent voting members of the governing body (Part VI, line 1b)  6 Total number of individuals employed in calendar year 2010 (Part V, line 2b)  7 Total number of individuals employed in calendar year 2010 (Part V, line 2b)  7 Total number of independent	_	NEW WORLD SYMPHONY INC			
Initial return Terminated  Amended return Application pending  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer MIAMI BEACH, FL 33139  F Name and address of principal officer H(b) Are all affiliates included? F ves		Doing Business As			
Terminated Amended return Application pending  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS SOU 17TH STREET MIAMI BEACH, FL 33139  Tax-exempt status F Solic()(3)				-	
Amended return Application pending  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  H(b) Are all affiliates included? Yes   The No. attach a list (see instructions)   H(c) Group exemption number    Website:   www nws edu  Tax-exempt status   Society   Solicy   Millips   Milli		FOR 17TH CTREET	Room/suite	(305) 428	3-6700
F. Name and address of principal officer DAVID PHILLIPS   500 17TH STREET MIAMI BEACH, FL 33139   H(b) Are all affiliates included?   Yes   If "No," attach a list (see instructions)   H(b) Are all affiliates included?   Yes   If "No," attach a list (see instructions)   H(c) Group exemption number				Gross receip	ots \$ 46,056,677
F Name and address of principal officer DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  Tax-exempt status		MIAMI BEACH, FL 33139			
DAVID PHILLIPS 500 17TH STREET MIAMI BEACH, FL 33139  Tax-exempt status	Applicatio				
MIAMI BEACH, FL 33139    Miami BEACH, FL 33139			H(a) Is this a grou	p return for affili	ates? Yes Y No
Transport status			<b>H(b)</b> Are all affili	ates included	?
Tax-exempt status		MIAMI BEAGII, IE 33133			
Eyear of formation   1987   M State of legal domicale	Tax-exer	npt status	H(c) Group ex	cemption n	umber 🟲
Part I Summary  1 Briefly describe the organization's mission or most significant activities THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES of PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	Websit	e: ► www nws edu			
Part I Summary  1 Briefly describe the organization's mission or most significant activities THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES of PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	Form of o	resourction of Comparation of Trust of Association of Other No.	Venr of format	ion 1007	M State of logal demonstra E
Briefly describe the organization's mission or most significant activities THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES OF PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES  2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)			L fear or formati	1987	M State of legal doffliche F
THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES of PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)					
2 Check this box	l l		CADEMY, PRE	PARES GI	TED GRADUATES OF
3 Number of voting members of the governing body (Part VI, line 1a)					
3 Number of voting members of the governing body (Part VI, line 1a)					
3 Number of voting members of the governing body (Part VI, line 1a)					
3 Number of voting members of the governing body (Part VI, line 1a)					
4 Number of independent voting members of the governing body (Part VI, line 1b)	2	Check this box $lacktriangledown$ if the organization discontinued its operations or disposed of	more than 25%	of its net a	assets
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	3	Number of voting members of the governing body (Part VI, line 1a) $$ . $$ . $$ .		3	3
6 Total number of volunteers (estimate if necessary)	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
7a Total unrelated business revenue from Part VIII, column (C), line 12	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	
b Net unrelated business taxable income from Form 990-T, line 34         7b         -630,1           Prior Year         Current Year           8 Contributions and grants (Part VIII, line 1h)         54,314,858         13,843,9           9 Program service revenue (Part VIII, line 2g)         1,258,044         1,976,2           10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)         20,423,719         5,653,2           11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         590,373         1,918,3           12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)         76,586,994         23,391,7           13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0         1,494,5           14 Benefits paid to or for members (Part IX, column (A), lines 1-3)         0         1,494,5           15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,069,947         1,235,6           16a Professional fundraising fees (Part IX, column (A), line 11e)         0         0           10 Total fundraising expenses (Part IX, column (D), line 25) 1,466,847         0         0	6	Total number of volunteers (estimate if necessary)		6	6
8 Contributions and grants (Part VIII, line 1h)	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	185,75
8 Contributions and grants (Part VIII, line 1h)	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b	-630,11
9 Program service revenue (Part VIII, line 2g)			Prior Ye	ar	Current Year
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	l l	Contributions and grants (Part VIII, line 1h)	54	,314,858	13,843,93
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9	Program service revenue (Part VIII, line 2g)	1,	,258,044	1,976,28
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20	,423,719	5,653,22
12)	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		590,373	1,918,31
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Total fundraising expenses (Part IX, column (D), line 25) ▶1,466,847	12		76	586 994	23 391 75
14 Benefits paid to or for members (Part IX, column (A), line 4)	13		, ,		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 – 1,069,947 1,235,6  16a Professional fundraising fees (Part IX, column (A), line 11e)				-	1,131,30
10)  1,069,947  1,235,6  16a Professional fundraising fees (Part IX, column (A), line 11e)					
	3   13		1,	,069,947	1,235,65
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	!
	हे   ь	Total fundraising expenses (Part IX, column (D), line 25) ▶1,466,847			
14,172,3   Uther expenses (Mart IX, Column (A.), lines 11a-11d, 11f-24f)   9,071,262   14,172,3	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9	,071,262	14,172,38
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10	,141,209	16,902,62
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   10,141,209   16,902,6	19	Revenue less expenses Subtract line 18 from line 12	66	,445,785	6,489,13
	9		Beginning of	Current	End of Year
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u></u>		Year		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>e</u>   20				260,432,983
<b>19</b> Revenue less expenses Subtract line 18 from line 12	B   21			<del>' '  </del>	
19 Revenue less expenses Subtract line 18 from line 12			214	,811,548	229,187,52
19 Revenue less expenses Subtract line 18 from line 12       66,445,785       6,489,1         Beginning of Current Year       End of Year         20 Total assets (Part X, line 16)					
	12 13 14 15 25 16a b 17 18 19	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9 10 66	,586,994 0 0 ,069,947 0 ,071,262 ,141,209	23,3 1,4 1,2 14,1 16,9
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 10,141,209 16,902,6		Revenue less expenses Subtract line 18 from line 12	66	,445,785	6,489,13
<b>19</b> Revenue less expenses Subtract line 18 from line 12	89   40			Current	End of Year
<b>19</b> Revenue less expenses Subtract line 18 from line 12		Total access (Doubly Line 16)		603 300	260 422 06
<b>19</b> Revenue less expenses Subtract line 18 from line 12	20				
<b>19</b> Revenue less expenses Subtract line 18 from line 12	21			<del>' '  </del>	
19 Revenue less expenses Subtract line 18 from line 12			214	,811,548	229,187,52
19 Revenue less expenses Subtract line 18 from line 12					
19 Revenue less expenses Subtract line 18 from line 12	wledge	and belief, it is true, correct, and complete. Declaration of preparer (other than officer)			
19 Revenue less expenses Subtract line 18 from line 12		*****		4-20	
19 Revenue less expenses Subtract line 18 from line 12	gn	Signature of officer	Date		
19 Revenue less expenses Subtract line 18 from line 12	ere	DAVID PHILLIPS SR VP & CFO			
19 Revenue less expenses Subtract line 18 from line 12		Type or print name and title			
19 Revenue less expenses Subtract line 18 from line 12		Print/Type Preparer's signature Dat	<del>-</del> 1		PTIN
19 Revenue less expenses Subtract line 18 from line 12	id	preparer's name Donald Butler Donald Butler	<del>-</del> 1		
19 Revenue less expenses Subtract line 18 from line 12		Firm's name MARCUM LLP			Firm's EIN
19   Revenue less expenses Subtract line 18 from line 12	-	Firm's address ▶ ONE SE THIRD AVENUE 10TH FLOOR			Phone no 1 (305) 995-
19   Revenue less expenses Subtract line 18 from line 12	se Only	MIAMI EL 22121			9600
19   Revenue less expenses Subtract line 18 from line 12	w the IF	·			
19   Revenue less expenses Subtract line 18 from line 12	ay tne IF	RS discuss this return with the preparer shown above? (see instructions)			▼Yes 「No

Form 990 (	2010) Page <b>2</b>
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1 Brief	y describe the organization's mission
	ORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES OF

THE NEW WORLD SYMPHONY, AMERICA'S ONLY FULL-TIME ORCHESTRAL ACADEMY, PREPARES GIFTED GRADUATES OF PRESTIGIOUS MUSIC PROGRAMS FOR SUCCESSFUL CAREERS IN ORCHESTRAS AND ENSEMBLES NWS HAS LAUNCHED THE CAREERS OF MORE THAN 700 YOUNG MUSICIANS NOW MAKING A DIFFERENCE IN THE PROFESSION WORLDWIDE ORGANIZATION OVERVIEW A) OVERVIEW THE NEW WORLD SYMPHONY (NWS), AMERICA'S ORCHESTRAL ACADEMY, OFFERS A THREE-YEAR POSTGRADUATE FELLOWSHIP PROGRAM OF MULTIDISCIPLINARY TRAINING IN MUSICAL TECHNIQUE, PERFORMANCE, AUDIENCE DEVELOPMENT, AND COMMUNITY ENGAGEMENT ACTIVITIES EACH YEAR, NWS RECRUITS AN AVERAGE OF 100 ARTISTS AND PROFESSIONALS IN THE FIELD FOR RESIDENCIES AS VISITING FACULTY TO MENTOR, COACH, AND/OR PERFORM WITH THE FELLOWS THESE INCLUDE SOME OF THE WORLD'S LEADING CONDUCTORS, COMPOSERS AND SOLOISTS, AS WELL AS PROFESSIONALS REPRESENTING A WIDE RANGE OF MUSIC-RELATED DISCIPLINES WHO WORK WITH FELLOWS IN AREAS SUCH AS COMMUNITY ENGAGEMENT, PERFORMANCE PSYCHOLOGY, MUSICIAN HEALTH, AND ARTS

2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

8,043,836 including grants of \$

) (Expenses \$

Artistic Programming-The New World Symphony (NWS) is a unique cultural institution, internationally acclaimed by critics and audiences for its artistic excellence, innovative programming, and leadership in classical music education NWS was founded as a vibrant educational organization with the outward expression of a symphony orichestra by Artistic Director Michael Tilson Thomas (MTT) - Music Director of the San Francisco Symphony and Principal Guest Conductor of the London Symphony Orchestra Under his leadership, NWS presents more than 80 performances in Mami-Dade County each season, of which nearly one-fifth are free and open to the public These now take place at the New World Center - NWS' new home in Mami-Dade County each season, of which nearly one-fifth are free and open to the public These now take place at the New World Center - NWS' new home in Mami-Dade County each season, of which nearly one-fifth are free and open to the public These now take place at the New World Center - NWS' new home in Mami-Dade County each season, of which nearly one-fifth are free and open to the public These now take place at the New World Center - NWS' new to contemporary, a series for children and families, and a chamber series featuring NWS instrumentalists. Repertorie and guest artists reflect musical traditions from around the globe. The music's cultural, historic, artistic, and social contexts are considered as NWS presents programs of composers, and coaches to deliver world-class training to its 86 Fellows and artistic programming to South Flonda residents and tourists. Among the 2010-11 Season visiting faculty participating in performance activities were conductors David Robertson, John Adams, Oliver Knussen, Peter Cundijian, Rinaldo Alessandrini, Sir Neville Marriner, and Stybnae Denve, virtuoso instrumentalists such as cellist Lynn Harrell, panists Emanuel Ax, Jean-Yves Thibaudet, Orli Shaham, trombonist Ian Bousfield, and violinists Christian Tetzlaff, Jorja Fleezanis, and Leila Josefowicz Signature programs inclu

) (Revenue \$

4b (Code ) (Expenses \$ 3,861,769 including grants of \$ ) (Revenue \$ 1,976,280)

Orchestral Training The cornerstone of NWS' artistic excellence lies in its prestigious three-year fellowship program offered to 86 gifted music graduates. During an annual 25-city audition tour for 30 openings, Fellows are selected from more than 1,000 applicants. The comprehensive, experiential program includes multidisciplinary coaching, performance training, and community engagement activities, designed to prepare Fellows to assume leadership roles in classical music. NWS is a laboratory for musical expression where Fellows receive in-depth exposure to the full continuum of orchestral repertoire. Both musician training activities and concert programs attract the active involvement of the classical music world's leading conductors, composers, soloists, and orchestral and chamber musicians. As in recent years, an average of 20 artists and 80 coaches provided orchestral training to NWS Fellows during the 2010/11 Season. These included instrumentalists from renowned institutions such as the Boston Symphony, Cleveland Orchestra, New England Conservatory, New York Philharmonic, Philadelphia Orchestra, Rice University, and San Francisco Symphony. Further, professionals representing a wide-range of disciplines worked with Fellows on career-related training in music mentoring, audience engagement, communication skills, audition psychology, performance anxiety, stage presence, and musician's health

4c (Code ) (Expenses \$ 243,785 including grants of \$ ) (Revenue \$ )

Audience Development and Community Engagement. The artistic and educational activities associated with the Musician Professional Development Program are complemented with comprehensive audience development and community engagement initiatives, which serve a dual purpose in meeting the organization's mission. (1) To enrich the cultural vitality of the community by introducing nontraditional audiences to classical music and fostering greater appreciation and understanding of this art form among our patrons, (2) To promote community involvement and leadership among NWS Fellows and help them become effective and enthusiastic advocates for classical music in the communities in which they secure professional positions. Children's programming will include - Kids in the Concert Hall Series. This series of four educational daytime concerts is designed to introduce students to the concert-going experience as well as to major works and composers of orchestral music. NWS provides free transportation for all attendees, and teachers receive a guide to further the educational impact of the performance. The most recent series, presented in December 2010, was enjoyed by 2,225 schoolchildren - In-School Presentations, Master Classes, Coaching Sessions, and Rehearsal Observations. NWS musicians regularly visit schools to perform chamber and solo works, and share their knowledge of and enthusiasm for music with students - Concerto Competition. This contest will, once again, be highly competitive, attracting the most talented young musicians from south Florida. The winner of the competition receives a modest cash prize, the opportunity to perform as a soloist at the Side-by-Side concert, and access to master classes at NWS - Side-by-Side Concert. At this free annual event, dozens Of mentored students and their peers will join NWS musicians onstage to deliver one of the most anticipated performances by the community - Musiciab Program Launched in October 2009, this 26-week residency program now operates in five Miami-Dade County pub

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

e Total program service expenses►\$ 12,149,390

Part TV	Checklist	of Re	auired	Schedules
	CIICCNIISE	01 110	uun cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		
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 I	6		Νο
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		Νο
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 quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
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		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
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		No
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		No
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	Yes	
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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		Νο
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		Νο
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
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			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	Yes	
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? If "Yes," complete Schedule R, Part I	33	Yes	
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
а	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			
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?	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
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 111			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		N
ь	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			
<b>L</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N
		5b		IN
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a	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	
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
••	Form 1098-C?	7h		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ı	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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 )			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year  Section F01/c)/(30) qualified papers it health incurance issues.			
a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of receives the organization is required to maintain by the states			
ט	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			
c	Enter the amount of reserves on hand			
حا		1/1~		N
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

**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.

Check if Schedule O contains a response to any question in this Part VI											7
---	--	--	--	--	--	--	--	--	--	--	---

Se	ction A. Governing Body and Management			
			Yes	No
Enter the number of voting members of the governing body at the end of the tax year.  1a 36  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?  3 Did the organization degate 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?  4 Did the organization become aware during the year of a significant diversion of the organization is assets?  5 Did the organization become aware during the year of a significant diversion of the organization is assets?  6 Does the organization have members or stockholders?  6 Does the organization have members, stockholders?  6 Does the organization on the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  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 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Does the organization have local chapters, branches, or affiliates?  11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 Does the organization have a written policies and procedures governing bedy before filing the form to conflict?  12 Does the organization have a written whistleblower policy?  13 Does the organization requard y				
la				
b	Enter the number of voting members included in line 1a, above, who are			
2				
	other officer, director, trustee, or key employee?	2	Yes	
3		3		No
4		4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8				
а		8a	Yes	
			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
		9		Νo
<u></u>	venue Code.)		Yes	No
102	Does the organization have local chanters branches or affiliates?	102	165	No
		104		NO
		10b		
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			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	· · · · · · · · · · · · · · · · · · ·	12b	Yes	
С				
	describe in Schedule O how this is done		Yes	
13			Yes	
14		14	Yes	
15	, , , , , , , , , , , , , , , , , , , ,			
		15a	Yes	
Ь	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		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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► FL , NY			
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			

Own website Another's website Vpon request

- 19 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 PAVID PHILLIPS
  500 17TH STREET

MIAMI BEACH, FL 33139 (305) 428-6751

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of 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)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

			<u> </u>										
	<b>(A)</b> Name and Title	(B) Average hours	1	tion that a			II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	n a	( <b>F)</b> Estima amount o	ited
		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)	from related organizations (W- 2/1099- MISC)	;	compens from t rganizati relate organiza	he on and ed
See A	dditional Data Table												
1b	Sub-Total							۰					
С	Total from continuation sheets	to Part VII, See	ction A				۲						
d	Total (add lines 1b and 1c) .							<u> </u>	1,193,620		0		46,299
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc						mploy •	ee, c	r highest compens	ated employee	3		Νο
4	For any individual listed on line	1a, is the sum o	freport	able	com	pens	ation	and	other compensation	from the			

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEHRY PARTNERS LLP 12541 BEATRICE ST LOS ANGELES, CA 90066	ARCHITECT	1,647,452
ADP TOTALSOURCE 10200 SUNSET DRIVE MIAMI, FL 33173	EMPLOYEE LEASING	5,593,936
FACCHINA-MCGAUGHAN LLC 6600 N ANDREWS AVE FT LAUDERDALE, FL 33309	CONS CONTRACTOR	21,554,708
VALLEY CREST LANDSCAPE DEVELOPMENT 1520 5326 COUNTRY ROAD 570 SUFFNER, FL 33584	LANDSCAPE-CITY PARK	7,855,740
HINES PO BOX 945833 ATLANTA, GA 30394	PROJECT MANAGER	1,375,030
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Part \		2010)					Pa	age <b>9</b>
Part	Statement of Revenue  (A)  Total revenue					or	(C) Unrelated business	
						exempt function revenue	revenue	from tax under section
								512, 513, or 514
12	1a	Federated campaigns	<b>1</b> a					
and other similar amounts	ь	Membership dues	. 1b					
g #E	c	Fundraising events	. 1c					
7 to	d	Related organizations	. 1d					
( B. )	e	Government grants (contributions)	<b>1</b> e	4,460,813				
9	f	All other contributions, gifts, grants,	, and <b>1f</b>	9,383,123		İ		 
<b>†</b>	а	similar amounts not included above Noncash contributions included in li		810,318				
2	_	Total. Add lines 1a-1f			13,843,936			
	n	iotal. Add lines 1a-1f			13,043,730			
anu e	22			Business Code				
Program Serwoe Revenue	2a	CONCERT REVENUES		711110	1,250,353	1,250,353		
ъ Щ	b	APPLICATION FEES		611600	40,856			
7 7	_	BOX OFFICE POSTAGE AND HANDLE	NG	561000	46,255			
33	d e	THOMASHEFSKY TICKET SALES GRAND OPENING SALES			137,635 251,625			
<u> </u>		All other program service rev	venue		231,023	249,556		
္နို					249,556			
<u>.</u>		Total. Add lines 2a-2f			1,976,280			
	3	Investment income (includin and other similar amounts)		-	1,525,885			1,525,8
	4	Income from investment of tax-ex-			0			_,,_
		Royalties			0			
	_		(ı) Real	(II) Personal				
	6a	Gross Rents	743,926					
	b	Less rental expenses	558,176					
	c	Rental income	185,750					
	d	or (loss) L Net rental income or (loss)			185,750		185,750	
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	25,717,216					
	b	than inventory Less cost or other basis and sales expenses	21,589,879					
	c	Gain or (loss)	4,127,337					
	d	Net gain or (loss)			4,127,337			4,127,3
	8a	Gross income from fundraising (not including \$	ng events					
		of contributions reported on See Part IV, line 18						
;			а	2,249,434				
	b	Less direct expenses	b	516,865				
	С	Net income or (loss) from fur	ndraising events 🛌		1,732,569			1,732,5
			ctivities See Part IV, line 19 . a					
		•			^			
		Net income or (loss) from ga		<del> </del>				
	IVa	Gross sales of inventory, les returns and allowances	a					
		Less cost of goods sold .						
	С	Net income or (loss) from sa	les of inventory 🕨	1-	0			
	4.4	Miscellaneous Revenue		Business Code				
	11a		<u></u>					
	b	·						
	С.	-	<u></u>					
		I All other revenue			0			
	12	Total revenue. See Instruction	ons		23,391,757	1,976,280		7,385,7

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $c$	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,494,582	1,494,582		
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	1,235,657	514,757	496,892	224,008
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	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
а	Fees for services (non-employees) Management	265,506		265,506	
ь	Legal	117,101		117,101	
c	Accounting	117,856		117,856	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	168,008	164,711		3,297
12	Advertising and promotion	162,942		<u> </u>	20,000
13	Office expenses	281,509	154,808	94,319	32,382
14	Information technology	154,482	144,552	<del>                                     </del>	·
15	Royalties	0			
16	Occupancy	1,042,377	436,651	605,726	
17	Travel	190,409	168,864	9,434	12,111
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	205,731	205,731		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,968,916	1,968,916		
23	Insurance	993,526	942,949	50,577	
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	LEASED EMPLOYEES	4,358,277	2,219,382	1,277,733	861,162
b	CONDUCTORS/SOLOISTS/COACHES	1,463,904	1,463,904		
c	SPECIAL PROJECTS	881,124	881,124		
d	VENUE	220,584	220,584		
e	USHERS & SECURITY FOR CONCERTS	177,955	177,955		
f	A II other expenses	1,402,180	979,054	109,239	313,887
25	Total functional expenses. Add lines 1 through 24f	16,902,626	12,149,390	3,286,389	1,466,847
26	<b>Joint costs.</b> Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
				_	000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			3,045,049	1	11,509,116
	2	Savings and temporary cash investments	2,412,123	2	916,531		
	3	Pledges and grants receivable, net	25,598,589	3	8,275,820		
	4	Accounts receivable, net			1,374,115	4	898,405
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
Ş.		Schedule L				6	
Assets	7	Notes and loans receivable, net			11,500,000	7	0
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,411,347	9	1,149,568
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	166,321,836			
	ь	Less accumulated depreciation	10b	6,938,055	1,975,038	10c	159,383,781
	11	Investments—publicly traded securities			41,642,081	11	56,562,633
	12	Investments—other securities See Part IV, line 11	20,140,123	12	21,660,797		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14	76,332		
	15	Other assets See Part IV, line 11	132,594,743	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			241,693,208	16	260,432,983
	17	Accounts payable and accrued expenses .			6,530,468	17	5,236,585
	18	Grants payable		18			
	19	Deferred revenue	690,785	19	818,344		
	20	Tax-exempt bond liabilities		20			
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					
E.i.		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			19,660,407	23	25,190,529
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			26,881,660	26	31,245,458
		Organizations that follow SFAS 117, check here ▶ 🔽 and com	olet e l	ines 27			
ġ		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			21,353,681	27	141,250,890
Fund Balances	28	Temporarily restricted net assets		119,326,854	28	10,649,908	
Ξ	29	Permanently restricted net assets			74,131,013	29	77,286,727
Ξ		Organizations that do not follow SFAS 117, check here ► ┌ ar	nd con	ıplet e			
5		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 for	ınds			32	
Net	33	Total net assets or fund balances			214,811,548	33	229,187,525
_	34	Total liabilities and net assets/fund balances			241,693,208	34	260,432,983

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23.3	391,757
2	Total expenses (must equal Part IX, column (A), line 25)	2			902,626
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		214,8	311,548
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,8	386,846
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		229,1	187,52
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  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	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 in Schedule O	e	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is: on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

# OMB No 1545-0047

**Employer identification number** 

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Name of the organization NEW WORLD SYMPHONY INC

O DA	VID PH	HILLIPS							59-28090	056			
Par	tΙ	Reas	on for Pu	blic Charity Stat	<b>tus</b> (All org	anızatıons	must comp	lete this p	art.) See ıı	nstructions			
ne o	rganız	ation is	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x )				
1	$\sqcap$	A churc	h, conventi	on of churches, or as	ssociation of	churches de	scribed in <b>se</b>	ction 170(b	)(1)(A)(i).				
2	굣	A scho	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	$\sqcap$	A hosp	tal or a coo	perative hospital ser	vice organiz	atıon descrıl	bed in <b>sectio</b> r	170(b)(1)	(A)(iii).				
4	Γ			organization operat ty, and state	ed in conjund	ction with a l	hospital desc	rıbed ın <b>sec</b> i	tion 170(b)(	(1)(A)(iii). E	Enter the		
5	$\Gamma$	An orga	nızatıon ope	erated for the benefit	of a college	or universit	y owned or op	erated by a	governmen	tal unit desc	rıbed in		
		section	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	art II )								
5	$\Gamma$	A feder	al, state, or	local government or	government	al unıt descr	ıbed ın <b>sectio</b>	on 170(b)(1	)(A)(v).				
7	Γ	describ	ed ın	t normally receives  A)(vi) (Complete Pa		l part of its s	support from a	a governme	ntal unit or f	rom the gen	eral public		
3	$\Gamma$	A comm	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>(Com</b>	plete Part II	)					
9	Γ	receipts	s from activi port from gro	t normally receives ities related to its ex oss investment incor anization after June	cempt functions	ons—subject ated busines	to certain ex ss taxable inc	ceptions, a come (less s	nd (2) no mo section 511	ore than 331	/3% of		
)	$\vdash$			anızed and operated									
1	1	one or i	more publicl	anized and operated y supported organiza bes the type of supp <b>b</b> Type II	atıons descrı ortıng organı	bed in section and c	on 509(a)(1)	or section 5 11e throug	509(a)(2) S jh 11h	ee <b>section 5</b>	• •		
e f	Γ	other th section If the o check t	nan foundation 509(a)(2) rganization his box	ox, I certify that the con managers and other cerved a written de 006, has the organic	etermination	or more publ	icly supporte	d organizati	ions describ	ed in sectio	n 509(a)(1) or		
			g persons?										
				rectly or indirectly co	· ·		-	ersons des	cribed in (ii)		Yes No		
				governing body of the		_	tion?			110			
			•	r of a person describ	. ,					11g	<del>``</del>		
				led entity of a persor		., .,				<b>11</b> g	(111)		
1		Provide	the followin	ig information about	the supporte	d organizati	on(s)						
(i) Name of supported organization		of ted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above  or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of support	on in your	(vi Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support		
				instructions))	Yes	No	Yes	No	Yes	No			
						ĺ			1				

Total

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.		
S	ection A. Public Support		_						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 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								
	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								
Ü	line 4								
S	ection B. Total Support	1				I			
	endar year (or fiscal year beginning								
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total		
7	A mounts from line 4								
8	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
	sources								
9	Net income from unrelated								
-	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV )								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activities	es, etc (See inst	ructions )			12			
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,		
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14			
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15			
							<del> </del>		
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec			
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [		
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>		
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶		
r/a	10%-facts-and-circumstances test-						ın.		
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported								
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F		
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1		
ט	15 is 10% or more, and if the organ								
	Explain in Part IV how the organizat			•		<u>-</u>	clv		
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶		
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1		
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □		

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 **b** A mounts 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 **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 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 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

15	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	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	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 organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile (	GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93493118001372
Sche	Schedule B Schedule of Contributors		ibutors	OMB No 1545-0047	
or 990 - Departmen	990, 990-EZ, PF) nt of the Treasury evenue Service		► Attach to Form 990, 990-EZ	2010	
	of organization ORLD SYMPHONY INC			Employe	r identification number
	ID PHILLIPS			59-2809	056
Organi	i <b>zation type</b> (ch	eck one)			
Filers	of:	Section:			
Form 99	90 or 990-EZ	<b>5</b> 501(c)(3)	(enter number) organization		
		<b>-</b> 4947(a)(1)	nonexempt charitable trust <b>not</b> trea	ted as a private foundation	
		527 politica	l organization		
Form 99	90-PF	<b>□</b> 501(c)(3) €	xempt private foundation		
		<b>Г</b> 4947(a)(1)	nonexempt charitable trust treated a	as a private foundation	
		<b>□</b> 501(c)(3) to	axable private foundation		
Г Sanain	property) from a	tion filing Form 990, 99 any one contributor Co		g the year, \$5,000 or more (in money	or
Specia	ıl Rules				
∀	under sections	509(a)(1) and 170(b)(1	)(A)(vı), and received from any one	e 33 <sup>1</sup> /3% support test of the regulation e contributor, during the year, a contri e 1h, or (ii) Form 990-EZ, line 1 Comp	bution of the
Г			•	Z, that received from any one contribu	utor,
			s of more than \$1,000 for use <i>exclu</i> ses, or the prevention of cruelty to	usively for religious, charitable, children or animals. Complete Parts I,	II, and
Γ	during the year, not aggregate to the year for an a applies to this or	contributions for use e o more than \$1,000 If the exclusively religious, c rganization because it	exclusively for religious, charitable, on the second secon	Z, that received from any one contributetc, purposes, but these contribution of the contributions that were received plete any of the parts unless the <b>Gen</b> haritable, etc., contributions of \$5,000	is did during n <b>eral Rule</b> Dor more
990-EZ Form 99	, or 990-PF), but	ıt <b>must</b> answer "No" o	on Part IV, line 2 of its Form 990, or o	cial Rules does not file Schedule B (Fo check the box on lin H of its ng requirements of Schedule B (Form	

Name of organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS Employer identification number

59-2809056

Part I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1_	MIAMI-DADE COUNTY DEPT CULTURAL AFF 111 NW 1ST STREET SUITE 625  MIAMI, FL 33128	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ARISON ARTS FOUNDATION CO AFO LLC TWO ALHAMBRA PLAZA SUITE 1040  CORAL GABLES, FL 33134	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MICKY AND MADELEINE ARISON FAMILY F C/O AFO LLC TWO ALHAMBRA PLAZA ST  CORAL GABLES, FL 33134	\$ 	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4_	PROSOUND 1375 NE 123RD STREET MIAMI, FL 33161	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_5_	MARTIN Z MARGULIES FOUNDATION INC 445 GRAND BAY DRIVE PH1  Key Biscayne, FL 331491905	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	CARNIVAL CORPORATION 3655 NW 87TH AVENUE MIAMI, FL 33178	\$	Person P Payroll Noncash (Complete Part II if there is a noncash contribution )

Name of organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS Employer identification number

59-2809056

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_4_	EQUIPMENT	\$410,318	2011-05-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_5_	FRANK STELLA SCULPTURE	\$400,000	2010-07-01
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

IEW WORL	organization D SYMPHONY INC			Employer identification number		
O DAVID I				59-2809056		
Part III	Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the year organizations completing Part III, enter the contributions of \$1,000 or less for the year	<b>/ear.</b> (Complete ne total of <i>exclu</i>	columns <b>(a)</b> through <b>(</b> svely religious, charit	<b>e) and</b> the following line entry) able, etc,		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and		(e) Fransfer of gift Relati	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and		(e) Fransfer of gift Relati	onship of transferor to transferee		
(a) No.	/b)		(0)			
from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
			(e)			
	Transferee's name, address, and		Fransfer of gift Relati	onship of transferor to transferee		
(-) NI-						
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and		(e) Fransfer of gift Relati	gift Relationship of transferor to transferee		

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DLN: 93493118001372

OMB No 1545-0047

2010

Open to Public Inspection

#### SCHEDULE D (Form 990)

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

► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Name of the organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS Employer identification number

O DAVID	PHILLIPS						59	-2809	9056			
art I	Organizations Maintaining Donor A organization answered "Yes" to Form 99			Oth	ner S	imilar	Funds	or A	Account	<b>ts.</b> Con	nplete	ıf th
		(a) Dono	oradv	/Is e	ed fund	İs		<b>(b)</b> F	unds and	other a	ccount	s
Tota	l number at end of year											
Aggr	egate contributions to (during year)											
Aggr	egate grants from (during year)											
Aggr	egate value at end of year											
	the organization inform all donors and donor advise are the organization's property, subject to the	-					onor adv	vised		<b>┌ Y</b>	'es	Г No
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ber erring impermissible private benefit			_	_		•		pose	<b>┌</b>	'es	∏ No
rt II		ıf the organizat	tion a	ans	swere	d "Yes'	' to For	m 99	0. Part	IV. line	7.	
☐ ☐ ☐ Com	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space uplete lines 2a-2d if the organization held a qual	ion or pleasure)	Γ	P r P r	reserv reserv	ation of ation of	a certifi	ed his	/ importa toric stru rvation		d area	
ease	ement on the last day of the tax year											
								<u> </u>	leld at th	ne End of	the Y	ear
	I number of conservation easements						2a					
	I acreage restricted by conservation easements						2b					
	ber of conservation easements on a certified his			ed II	n (a)		2c	4				
Num	ber of conservation easements included in (c) a	cquired after 8/17	7/06				2d					
	ber of conservation easements modified, transfe axable year 🟲	erred, released, ex	xtıngı	uısh	hed, o	termina	ated by t	the or	ganızatıo	n during		
Num	ber of states where property subject to conserv	atıon easement ıs	loca	ted	<b>▶</b>							
	s the organization have a written policy regarding reement of the conservation easements it holds		nıtorı	ng,	ınspe	ction, ha	andling o	of viol	ations, ai	nd $\Gamma$	'es	┌ No
Staff	fand volunteer hours devoted to monitoring, insp	pecting and enforc	cing c	con	servat	ion eas	ements	durıng	the year	r <b>►</b>		
A mo	unt of expenses incurred in monitoring, inspecti	ng, and enforcing	cons	erv	ation	easeme	nts durır	ng the	year ► 🕏	·		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy	the r	re q	uirem	ents of s	ection			<b>┌</b> ¥	'es	┌ No
bala	art XIV, describe how the organization reports c nce sheet, and include, if applicable, the text of organization's accounting for conservation easer	the footnote to the										
rt III	Organizations Maintaining Collection Complete if the organization answered						s, or O	ther	Simila	r Asse	ts.	
art, I	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fir	for public exhibit	ion, e	edu	cation	or rese	arch ın f					
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for ide the following amounts relating to these items	public exhibition,										
(i) <sub>R</sub>	Revenues included in Form 990, Part VIII, line 1								<b>►</b> \$		40	0,00
(ii)	Assets included in Form 990, Part X								<b>►</b> \$		423	 3,500
Ifth	e organization received or held works of art, hist wing amounts required to be reported under SFA	· ·				rassets	for fina	ncıal				
Reve	enues included in Form 990. Part VIII. line 1	-							<b>▶</b> \$			

**b** Assets included in Form 990, Part X

3	Using the organization's accession and other		•			•				ontinuea)
	ıtems (check all that apply) —			_						
а	Public exhibition		d	ı	Loan or	exchange prog	ams			
b	Scholarly research		e	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they	further t	he organizatior	ı's ex	cempt purpose ıı	ו	
5	During the year, did the organization solicit o								_	_
	assets to be sold to raise funds rather than t								Yes	✓ No
Pai	Part IV, line 9, or reported an an						a "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ıng ta	ible	Γ		Am	ount	
С	Beginning balance					T T	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					}	1e			
f	Ending balance					ŀ	1f			
2a	Did the organization include an amount on Fo	rm 000 Part V line	. 717			L		Γ	Yes	
			= 21.					'	163	, 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		n ans	were	d "Yes"	to Form 990	Pai	t IV line 10		
ΓŒ	Endowment Funds: Complete I	(a)Current Year		)Prior		(c)Two Years Bac		I)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	74,567,100		36	,322,951	32,233,8	_			
b	Contributions	3,155,714		37	,656,993	12,075,2	.32			
c	Investment earnings or losses	13,070,135		4	,326,434	-6,558,0	86			
d	Grants or scholarships						0			
e	Other expenditures for facilities and programs	3,008,451		3	,700,003	1,428,0	27			
f	Administrative expenses				39,275		0			
g	End of year balance	87,784,498		74	,567,100	36,322,9	51			
2	Provide the estimated percentage of the yea	r end balance held a	15							
а	Board designated or quasi-endowment	0 %								
ь	Permanent endowment - 88 000 %									
c	Term endowment ► 12 000 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation '	that a	re held a	nd administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(i	-	Νο
	(ii) related organizations						•	3a(i		N o
	If "Yes" to 3a(II), are the related organization						•	3b		<u> </u>
4	Describe in Part XIV the intended uses of th					Doub V. Luce	10			
Pa	t VI Investments—Land, Buildings	s, and Equipme	nt. 5			·				
	Description of investment				Cost or othe (Investmer			(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land					314	,400			314,400
b	Buildings		•			156,167	,785	4,032,131	1	52,135,654
c	Leasehold improvements		•							
d	Equipment					9,839	,651	2,905,924		6,933,727
	Other									
Tota	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	nn (B)	), line	10(c).) .			▶	1	59,383,781
								Schedule D	(Form	990) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) INVESTMENT-LIMITED PARTNERSHIP	21,660,797	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	21,660,797	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	13.
(a) Description of investment type	( <b>b</b> ) Book value	(c) Method of valuation
	(2) 2001. Turus	Cost or 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, lin	ne 15.	(h) Rook value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion  5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. tion  5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	

	Reconcination of change in Net 7,000 to 11 in 150 to 1 in an et al control		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,391,757
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,902,626
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,489,131
4	Net unrealized gains (losses) on investments	4	8,261,846
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	8,261,846
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,750,977
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	31,889,644
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 8,261,846		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 558,176		
e	Add lines 2a through 2d	2e	9,138,393
3	Subtract line <b>2e</b> from line <b>1</b>	3	22,751,251
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	265,506
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	23,016,757
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	17,513,667
2	A mounts 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 <b>2a</b> through <b>2d</b>	2e	876,547
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,637,120
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	265,506
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,902,626

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

#### Part XIV Supplemental Information

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 X, 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

Ident if ier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	DURING 1991, NWS ESTABLISHED THE NEW WORLD SYMPHONY ENDOWMENT FUND THE PURPOSE OF THE ENDOWMENT FUND IS TO CREATE A CONTINUOUS DEVELOPMENT PROGRAM THAT WILL ENABLE INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO MAKE GIFTS TO NWS, TO PROVIDE FOR THE PERMANENT FINANCING OF THE PROGRAMS OF NWS, AND TO ENSURE THE PERMANENT EXISTENCE OF NWS
ARTWORK COLLECTION	SCHEDULE D, PART III, LINE 4	New World Symphony believes the classical music experience begins when one crosses our NEW CAMPUS' threshold as a patron, musician or curious observer. Our NEW CAMPUS and its contents ARE the beginning of the experience as well as the contents inside. The art piece that has been so generously donated to us aids in the beginning of this experience.
REVENUE/EXPENSE RECONCILIATION	SCHEDULE D, PART XII LINE 2D & PART XIII LINE 2D	Rental expense of \$558,176 is shown as an expense on the financial statements. However, rental expense is shown net of rental income on the Form 990 page 9
REVENUE/EXPENSE RECONCILIATION	SCHEDULE D, PART XII LINE 4B & PART XIII LINE 4B	Management Fees of \$265,506 are shown net of investment income on the financial statements. However, management fees are shown as a separate expense on the Form 990 page 10

### OMB No 1545-0047

# DN0 1343-00-

2010

(Form 990 or 990-EZ)

**SCHEDULE E** 

Department of the Treasury Internal Revenue Service ►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

Inspection

Name of the organization **Employer identification number** NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS 59-2809056 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a 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? 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 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 Νo

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

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

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

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
NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3	THE ORGANIZATION'S NONDISCRIMINATORY POLICY IS STATED IN ITS RECRUITMENT BROCHURE AS WELL AS THE PUBLICATIONS "INTERNATIONAL MUSICIAN" WHICH IS WELL KNOWN WITHIN THE COMMUNITY IT SERVES
FINANCIAL AID	SCHEDULE E, LINE 6A	THE ORGANIZATION RECIEVES GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES TO FACILITATE PROGRAMS IN FURTHERANCE OF ITS MISSION

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493118001372

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS

**Employer identification number** 

59-2809056

C/O DAVID FIIILLIF3					39-2809030	
Part I Fundraising Ad	ctivities. Complet	te if the o	organıza	tion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	nization raised funds	through a	any of the	following activities Ch	neck all that apply	
a Mail solicitations		-	· e	Solicitation of no	n-government grants	
<b>b</b> Internet and e-mails	olicitations		f	☐ Solicitation of go		
c Phone solicitations			g	Special fundraisii	ng events	
<b>d</b> In-person solicitation	ıs		_	·		
2a Did the organization have or key employees listed i						Γ Yes Γ N
<b>b</b> If "Yes," list the ten higher to be compensated at lea						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total			▶			
				•		•

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  GALA (event type)	(b) Event #2  FAMILY EVENT (event type)	(c) O ther Events  1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts  Less Charitable contributions	2,143,544	97,960		2,249,434
<u>~</u>	3	Gross income (line 1 minus line 2)	2,143,544	97,960	7,930	2,249,434
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	89,494	ı		89,494
	7	Food and beverages	98,703	3		98,703
Direct	8	Entertainment				
莅	9	Other direct expenses .	310,087	18,581		328,668
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		516,865
	11	Net income summary Combine III	nes 3 and 10 ın column (	d)		1,732,569
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses es	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	∀es %     No	┌ Yes % ┌ No	┌ Yes % No	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· Fyes FNo
10a b		re any of the organization's gaming   Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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DLN: 93493118001372

OMB No 1545-0047

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

**Grants and Other Assistance to Organizations,** 

Department of the Treasury Internal Revenue Service			Attach to Form 990	<b>, ,</b>			pen to Public Inspection
Name of the organization						Employer identification	on number
NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS						59-2809056	
Part I General Information	on on Grants and	Assistance					
Does the organization maintain the selection criteria used to a	ward the grants or as:	sistance?					<b>▽</b> Yes <b>▽</b>
2 Describe in Part IV the organize Part II Grants and Other A					aplete if the ergar	azation answered "V	os" to
Form 990, Part IV, lır	ne 21 for any recip	ent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
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 gra or assistance
							<u> </u>
							I .
							<del> </del>
							<u> </u>
2 Enter total number of section 5	01(c)(3) and governr	nent organizations .				🛌	

Enter total number of other organizations . . .

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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) STIPEND FOR PROGRAM PARTICIPANTS	270	1,494,582			

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

Ident if ier	Return Reference	Explanation
MONITORING THE USE	SCHEDULE I, PART I, LINE 2	ALL OF THE ORGANIZATION'S FELLOWS RECEIVE A STIPEND FOR LIVING EXPENDITURES WHILE IN THE
OF GRANTS IN THE U S		PROGRAM

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DLN: 93493118001372

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS

**Employer identification number** 

59-2809056

Pa	It I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II 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		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	·			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	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	), Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
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	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A , 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	, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described	ın Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 $4958-6(c)$ ?	he rebuttable presumption procedure described in Regulations	9		

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DAVID PHILLIPS	(I) (II)	191,560 0	0	0	0	7,431 0	198,991 0	185,81
(2) DOUGLAS MERILATT	(ı) (ıı)	169,416 0	0	0	_	· · · · · · · · · · · · · · · · · · ·	175,972 0	163,95
(3) HOWARD HERRING	(ı) (ıı)	232,132 0	0	0	1		241,173 0	224,32
(4) VICTORIA ROGERS	(I) (II)	229,860 0	0	0	0	1	238,820 0	223,17
(5) WILLIAM WILLIAMS	(I) (II)	155,389 0	0	0	_	· ·	161,569 0	141,00
(6)								
7)								
8)								
9)								
10)								
[ 11 )								
12)								
[ 13 )								
[ 14 )								
15)								
[ 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### 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

Schedule J (Form 990) 2010

#### **SCHEDULE M** (Form 990)

# **NonCash Contributions**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization **Employer identification number** NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS 59-2809056

Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art	Х	1	400,000	INDEP APPRAISAI	_		
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	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 .							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received by for which the organization complete				29		1	0
30a	During the year, did the organizatio	n receive	by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years fr	om the d	ate of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire h	nolding p	eriod <sup>?</sup>			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift ac	cceptanc	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı 	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь 33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues II	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

## 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

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493118001372

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Name of the organization NEW WORLD SYMPHONY INC C/O DAVID PHILLIPS Employer identification number

59-2809056

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PAGE 6, PART VI, SECTION A, LINE 2	SARAH S ARISON - NEICE OF MADELINE ARISON & HARRY M HERSH HARRY M HERSH & MADELINE ARISON - UNCLE & AUNT OF SARAH S ARISON JUDY WEISER - SPOUSE OF SHERWOOD M WEISER (RECENTLY DECEASED) SHERWOOD M WEISER (RECENTLY DECEASED) - SPOUSE OF JUDY WEISER

ldentifier	Return Reference	Explanation
POLICIES AND PROCEDURES	FORM 990, PAGE 6, PART VI, SECTION B, LINE 12C	EMPLOYEES AND BOARD MEMBERS OF NWS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT MINIMIZE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS MUCH AS POSSIBLE THE POLICY ESTABLISHES THE FRAMEWORK WITHIN WHICH NWS WISHES ITS BUSINESS TO OPERATE THE PURPOSE OF THESE GUIDELINES IS TO PROVIDE GENERAL DIRECTION SO THAT EMPLOYEES AND BOARD MEMBERS CAN SEEK FURTHER CLARIFICATION ON ISSUES RELATED TO THE SUBJECT OF ACCEPTABLE STANDARDS OF OPERATION STAFF MEMBERS AT DIRECTOR LEVEL AND ABOVE AND TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS, WHICH INDICATES WHETHER OR NOT THEY HAVE PARTICIPATED IN ANY BUSINESS TRANSACTION THAT WOULD GIVE RISE TO A CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation
POLICIES AND PROCEDURES	FORM 990, PAGE 6, PART VI, SECTION B, LINE 15A	THE CHAIRMAN OF THE BOARD REVIEWS COMPARABILITY DATA WHEN HIRING A NEW PRESIDENT AND ANNUALY APPROVES THE PRESIDENT'S COMPENSATION PACKAGE BASED ON PERFORMANCE THE PRESIDENT APPROVES BOTH THE EXECUTIVE VICE PRESIDENT AND SENIOR VICE PRESIDENT'S COMPENSATION PACKAGE BASED ON PERFORMANCE

ldentifier	Return Reference	Explanation
DISCLOSURE ITEMS	FORM 990, PAGE 6, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE ANNUAL REPORT CONTAINS A BRIEF SUMMARY OF THE FINANCIAL STATEMENTS AND THE COMPLETE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE THROUGH ACCESS OF GUIDESTAR

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PAGE 6, PART VI, SECTION A, LINE 10	THE CFO IS REPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990 IT WILL THEN BE PRESENTED TO THE FINANCE COMMITTEE SUFFICIENTLY IN ADVANCE OF THE FILING DEADLING FOR THEIR REVIEW ALL MEMBERS OF THE BOARD OF TRUSTEES WILL BE INVITED TO REVIEW THE FINAL FORM 990 UPON REQUEST

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS RELATES TO UNREALIZED GAINS AND LOSSES NOT RECORDED ON THE FORM 990 TOTAL UNREALIZED GAIN/LOSS PER THE FINANCIAL STATEMENTS - \$8,386,911

DLN: 93493118001372

Related Organizations and Unrelated Partnerships

2010

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

NEW WORLD SYMPHONY INC

(Form 990)

**SCHEDULE R** 

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

► Attach to Form 990. ► See separate instructions.

C/O DAVID PHILLIPS 59-2809056 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (d) (b) (c) (e) Direct controlling Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity (1) NEW CAMPUS II LLC 500 17TH STREET NONE **DVLP NEWFACLT** FL 163,650,848 MIAMI BEACH, FL 33139 43-2074025 Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (d) Section 512(b)(13) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) organization Yes No Schedule R (Form 990) 2010 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership
					1	I								

(5)

(6)

Par	t V	<b>Transactions With Related Organizations</b> (Complete if the organization answered	l "Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. C	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	rıng the	tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?			
а	Receip	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<b>1</b> a		
b	Gıft, gr	ant, or capital contribution to other organization(s)			1b		
c	Gıft, gra	ant, or capital contribution from other organization(s)			<b>1</b> c		
d	Loans	or loan guarantees to or for other organization(s)			1d		
e	Loans	or loan guarantees by other organization(s)			1e		
							<u> </u>
f :	Sale of	assets to other organization(s)			1f		
g	Purcha	se of assets from other organization(s)			<b>1</b> g		
h	Exchar	ge of assets			1h		
i l	_ease o	f facilities, equipment, or other assets to other organization(s)			1i		
j l	Lease	of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		<u> </u>
k	Perforn	nance of services or membership or fundraising solicitations for other organization(s)			1k		<u> </u>
I F	Perform	ance of services or membership or fundraising solicitations by other organization(s)			11		<u> </u>
m :	Sharıng	of facilities, equipment, mailing lists, or other assets			1m		<u> </u>
n	Sharıng	g of paid employees			1n		<u> </u>
0	Reimbi	irsement paid to other organization for expenses			10		<u> </u>
p	Reımbu	irsement paid by other organization for expenses			<b>1</b> p		<u> </u>
							<u> </u>
q	O ther t	ransfer of cash or property to other organization(s)			1q		<u> </u>
r	O ther t	ransfer of cash or property from other organization(s)			1r		
2	If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this l	ine, including covered relat	ionships and transact	ıon thresholds		
		(a) Name of other organization	( <b>b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)							
(2)							
(3)							
(4)							
(4)							
				1	1		

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		all ners ion c)(3) rations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging eartner?	
			Yes	No		Yes	No		Yes	N	
										+	
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## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 59-2809056

Name: NEW WORLD SYMPHONY INC

C/O DAVID PHILLIPS

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

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)													
<b>(A)</b> Name and Title	(B) Average hours per		tion :	(che	y)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	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			
MADELEINE ARISON TRUSTEE	1 0	Х						0	0	0			
SARAH S ARISON TRUSTEE	1 0	Х						0	0	0			
MATTHEW W BUTTRICK TRUSTEE	1 0	Х						0	0	0			
ADAM CARLIN CHAIR OF DEVELOPMENT COMMITTEE	2 0	Х						0	0	0			
BRUCE E CLINTON TRUSTEE	1 0	Х						0	0	0			
BRUCE JAY COLAN EX OFFICIO, NON-VOTING	1 0	Х						0	0	0			
MARIO DE ARMAS TRUSTEE/TREASURER/FINANCE COMM	1 0	Х		х				0	0	0			
PETER J DOLARA TRUSTEE	1 0	Х						0	0	0			
SUSAN S DUBIN TRUSTEE	1 0	Х						0	0	0			
CASEY CUMMINGS TRUSTEE	1 0	Х						0	0	0			
HOWARD FRANK TRUSTEE, CHAIR OF CAP CAMP	1 0	Х						0	0	0			
C THOMAS GREENE TRUSTEE	1 0	Х						0	0	0			
ROSE ELLEN GREENE VICE CHAIRMAN	1 0	Х		х				0	0	0			
HARRY M HERSH TRUSTEE	1 0	Х						0	0	0			
RICHARD M JACOBS TRUSTEE	1 0	Х						0	0	0			
NEISEN KASDIN CHAIRMAN	5 0	Х		х				0	0	0			
GERALD KATCHER TRUSTEE	1 0	Х						0	0	0			
R KIRK LANDON TRUSTEE	1 0	Х						0	0	0			
ENRIQUE LERNER RAIS TRUSTEE	1 0	Х						0	0	0			
ALBERT R MOLINA JR TRUSTEE	1 0	Х						0	0	0			
WILLIAM L MORRISON TRUSTEE	1 0	Х						0	0	0			
ROBERT MOSS SECRETARY	1 0	Х		х				0	0	0			
SANDRA R MUSS TRUSTEE	1 0	Х						0	0	0			
PATRICIA M PAPPER TRUSTEE	1 0	Х						0	0	0			
JEFFREY T ROBERTS CHAIR OF INVESTMENT COMMITTEE	1 0	Х						0	0	0			

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

Compensated Employees, and	Independ	ent Co	ntr	acto	ors			r		
<b>(A)</b> Name and Title	(B) A verage hours		tion ( that a	(ched	)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	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
PETER ROBBINS TRUSTEE	1 0	Х						0	0	0
RICHARD T SANZ TRUSTEE	1 0	Х						0	0	0
DIANE S SEPLER TRUSTEE	1 0	Х						0	0	0
EDWARD MANNO SHUMSKY TRUSTEE	1 0	Х						0	0	0
RICHARD SKOR TRUSTEE	1 0	Х						0	0	0
PAUL H STEBBINS TRUSTEE	1 0	Х						0	0	0
JUDY WEISER TRUSTEE	1 0	Х						0	0	0
SHERWOOD M WEISERDeceased 082011 TRUSTEE	1 0	Х						0	0	0
RICHARD J WURTMAN TRUSTEE	1 0	Х						0	0	0
SHELDON T ANDERSON TRUSTEE	1 0	Х						0	0	0
SARI AGATSTON TRUSTEE	1 0	Х						0	0	0
BRUCE W GREER TRUSTEE	1 0	Х						0	0	0
DAVID PHILLIPS SR VP & CFO	60 0				х			191,560	0	7,431
DOUGLAS MERILATT SR VP ARTISTIC PLANNING/PROG	60 0				х			169,416	0	6,556
HOWARD HERRING PRESIDENT/CEO	60 0				х			232,132	0	9,041
VICTORIA ROGERS EXECUTIVE VICE PRESIDENT	60 0				х			229,860	0	8,960
WILLIAM WILLIAMS SR VP/DEAN OF MUSICIANS	60 0				х			155,389	0	6,180
PAUL WOEHRLE SR DIRECTOR OF DEVELOPMENT	60 0					х		109,012	0	4,120
FAYE MUNNINGS VP & ASSISTANT CFO	60 0					х		106,251	0	4,011