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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

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

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

JUL 1, 2009 and ending For the 2009 calendar year, or tax year beginning 2010 JUN 30. D Employer identification number C Name of organization Please Addréss use IRS label or Name Change 57-0726675 print or MASTERWORKS CHOIR, INC. type Number and street (or P.O. box, if mail is not delivered to street address) Initial E Telephone number Room/suite Specific Termin-843-662-3218 PO BOX 469 City or town, state or country, and ZIP + 4 Amended F Group Exemption FLORENCE, SC 29503-0469 Number > G Accounting method: X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accruat Schedule A (Form 990 or 990-EZ) Other (specify) H Check ► X if the organization is not Website: ► N/A Tax-exempt status (check only one) — X 501(c) (3) ▼ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 31,152. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 26,928. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 2,500. Membership dues and assessments 3 Investment income Gross amount from sale of assets other than inventory 5a SCANNEEsengie: 1 4 Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 31,152. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Stmt 2 Grants and similar amounts paid (attach schedule) 10 50. 11 11 Benefits paid to or for members 5,865. 12 Salaries, other compensation, and employee benefits 12 10,853. 13 Professional fees and other payments to independent contractor 13 Occupancy, rent, utilities, and maintenance? 14 534. 14 6,167. 15 Printing, publications, postage, and shipping Ŏ 15 0 Other expenses (describe See Statement 1) 16 6,404. 16 Total expenses. Add lines 10 through 16 ഗ 29,873. 17 1,279. Excess or (deficit) for the year (Subtract line 17 from line.9). 18 Net Assets Net assets or fund balances at beginning of year (from line, 27, column (A)) 64,038. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 65,317 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (B) End of year (A) Beginning of year 64,038. 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 24 64,038. 65,317. 25 25 Total assets 0. 26 Total liabilities (describe 0. 26 038. 27 ,317. Net assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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Form **990-EZ** (2009)

	n 990-EZ (2009) MASTERWORKS CHOIR, INC.			<u> 57-</u>	<u>07266</u>	75 Page 2
Pa	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	kpenses
Wha	at is the organization's primary exempt purpose? See Statement	4			(Required fo	or section 501(c)(3)
				h		1) organizations and
Des	cribe what was achieved in carrying out the organization's exempt pur	poses in a clear and conc	ise manner, descri	be		7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	TO PROVIDE CHORAL AND ENSEMBLE MAST	ER PIECES AT	VARIOUS		1	
	CONCERTS DURING THE YEAR					
				$\overline{}$		22 260
	(Grants \$) If this amount includes foreign g	grants, cneck nere		ш	28a	22,260.
29						
	-					
					l l	
	(Grants \$) If this amount includes foreign of	grants, check here		<u> </u>	29a	
30						
			•			
	(Grants \$) If this amount includes foreign of	grants, check here	•		30a	
31	Other program services (attach schedule)					
٠.						
	(Grants \$) If this amount includes foreign (grants, cneck nere	₽	<u>. — .</u>	31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	<u>22,260.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions t	for Part IV)
					ntributions	
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	• •	position	-0)		eferred	other allowances
			,		pensation	
DI	LL MILLS	MUSIC DIRECTO	Ь			
					_	_
<u>PC</u>	BOX 469, FLORENCE, SC 29503	10.00	5,865.		0.	0.
LA	RRY MURPHY	TREASURER				
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02-0					Form	990-EZ (2009)

Pi	art V. Other Information (Note the statement requirements in the instructions for Part V.)		
			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	2 0%0	4 67 77
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	ļ	-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		
	and proxy tax requirements?	35a	Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		
	complete applicable parts of Sch. N	36	L X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1.000	-
	Did the organization file Form 1120-POL for this year?	37b	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	#11.0	
	in a prior year and still outstanding at the end of the period covered by this return?	38a	X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		1 5-31
39	Section 501(c)(7) organizations. Enter:] .	
а	Initiation fees and capital contributions included on line 9		-
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]	
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	0	1, 1
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	-	
	or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		, 2-
	organization •O.	1	 %.4
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>
41	List the states with which a copy of this return is filed. ▶ <u>SC</u>		
42 a	The organization's books are in care of ► ANNE MARIE HANNA, CPA Telephone no. ► 843-67		
	Located at ► 1515 HERITAGE LN, FLORENCE, SC ZIP+4 ► 2	<u> 950</u>	5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		N/ N1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes No
	account)?	42b	X
	If "Yes," enter the name of the foreign country:		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	
			Yes No
44	Did the expensation mountain any denor advised funds? If Von * Form 000 must be completed instead of	25.	162 140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1	•
AF	Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45	·
_	completed instead of Form 990-EZ		90-EZ (2009)

orm 990-E	(2009) MASTERWORKS CHOIR, INC.			57-0726	575	1	Page 4
Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51.						
6 Did th	e organization engage in direct or indirect political campaign activitie	s on behalf of or in opposition to d	candidates for public		_	Yes	No
	? If "Yes," complete Schedule C, Part I		·	[46		X
	e organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47		X
18 Is the	organization a school as described in section 170(b)(1)(A)(ii)? If "Y	es," complete Schedule E			48		X
19a Did th	e organization make any transfers to an exempt non-charitable relate	ed organization?			49a		X
b If "Yes	s," was the related organization a section 527 organization?			L	49b		L
	lete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er			eived	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Expe count r allow	
	NONE			Compensation			
	olete this table for the organization's five highest compensated indepensization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo		ved more than \$100. (b) Type of ser		ation fr		
		100					
			-				
d Total	number of other independent contractors each receiving over \$100,0	000	>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and emigrete preciaglish of preparer (other than officer) is based on a Signature of officer	g accompanying schedules and statemer all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be	lief, it is	true,	
	Type or print name and title	Mar					
Paid Preparer's	Preparer's signature Share Masne	JPA 11/12/10 em		parer's identifying n	ımber (S	See inst	r)
Use Only	Firm's name (or yours Anne Marie Hanna, CPA	, LLC	EIN 1				
	n self-employed), 1515 Heritage Lane		Phor	ne 🕨			

932174 02-08-10

Form 990-EZ (2009)

(843)673-9700 X Yes No

address, and ZIP + 4

Florence, SC 29505

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Internal Revenue Service

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

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

Name of the organization

Employer identification number

					INC.					<u>57</u>	<u>-0726</u>	<u>675</u>	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
'nе	organ	ization is not a	private foundation	because it is. (For lines 1	through 1	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3				tal service organization of			170(b)(1)(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
		city, and state	=										
5		· ·		benefit of a college or ur	niversity ov	wned or on	erated by	a governr	nental unr	t describe	d in		
Ī		-	(b)(1)(A)(iv). (Comple	=	•		•	Ū					
6				ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7	一	•	. •	eives a substantial part			' ''		r from the	general p	ublic desc	ribed in	n
•	_	•	b)(1)(A)(vi). (Comple		or no oupp		9010111110	incar armi o		gonora, p	20.10 2000		•
8				ection 170(b)(1)(A)(vi). ((Complete	Part II \							
	\mathbf{x}	_		eives. (1) more than 33 1	•	•	om oontri	hutions m	omborehu	n foot and	d aross ro	cointe f	from
9	لما	•	•	nctions - subject to certa							_	-	
			•	•	•	•	•				-		
				axable income (less sect	lion 511 ta	x) Irom bu	SII 185585 2	icquired b	y trie orga	ilization a	iter Julie 3)U, 197	5
40			509(a)(2). (Complete	·	at far abl	.a aafatu C	٠	- E00/-\/A					
10	H	_	• .	perated exclusively to tes	•	-			-				
11	ш			perated exclusively for the)ľ
				ations described in section). See se c	rion 509(i	aj(3). Ched	ck trie box	. urat	
			_ · · · _ _	organization and comple		_				" —	Tuno III. (Other	
		a Type I		_ ,,		e III - Func	•	•			Type III - (_
е	ш	-	=	at the organization is not									[1
_			-	han one or more publicly		-				9(a)(1) or s	ection 508)(a)(2)	
f		_		ten determination from t	the IRS tha	atitisa iy	pe I, Type	II, or Type	e III				
			rganization, check th							•			ш
g	l	•		organization accepted ar			-						
				irectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (i	III) below,		Yes	No
		-		upported organization?							11g(i)	 	
		. ,		n described in (i) above?							11g(ii)	$\Gamma - \Gamma$	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	<u></u>	
h	l	Provide the fo	ollowing information	about the supported org	ganization	(s).							
			1	(111) T	ī					г			
(i)	Name (of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	on in col. l	(vii) An	nount of	f
	orga	anization		(described on lines 1-9		sted in your document?	organızat (i) of you	on in col.	(i) organiz U.S	ed in the	sup	port	
				above or IRC section	ļ .	1							
				(see instructions))	Yes	No	Yes	No	Yes	No			
			<u>'</u>			_							
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Γot	al		<u> </u>	<u>l </u>					i.				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for (Complete only if you checke	_		Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(\	/I)
Sec	ction A. Public Support	G LITO DOX OIT III.O	5,7,6,6,6,1,4,17,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and			151		1	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			·			
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						-
5	The portion of total contributions	-			-		
_	by each person (other than a						
	governmental unit or publicly		= 1	- ·		1	
	supported organization) included						
	on line 1 that exceeds 2% of the		· ·				
	amount shown on line 11,	2		, *	1 14	1	
	column (f)	,		_	NI.		
6	Public support. Subtract line 5 from line 4				Anger 1	·	
	ction B. Total Support	<u> </u>	1				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11			** **				
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						▶□_
Se	ction C. Computation of Publ	lic Support Pe	ercentage				
14	Public support percentage for 2009 (•	column (f))		14	
15	Public support percentage from 2008	B Schedule A, Pan	t II, line 14			15	
16a	33 1/3% support test - 2009.If the o	organization did no	ot check the box or	n line 13, and line 1	4 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		_			. ·	▶∟
t	33 1/3% support test - 2008.If the o	•			line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qua						. ▶∟
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
Ł	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t	he "facts-and-circ	umstances" test, c	heck this box and	stop here. Explai	in in Part IV how the	• _
	organization meets the "facts-and-cir		•	•			▶∟
10	Drivete foundation If the organization	an did not abook a	hay an line 12 16	a 16h 17a ar 17h	s chock this box	and coo inethiction	

Schedule A (Form 990 or 990-EZ) 2009

57-0726675 Page 3 Schedule A (Form 990 or 990-EZ) 2009 MASTERWORKS CHOIR Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 (b) 2006(c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 48,825. 57,752. 27,581. 33,587. 29,428. 197,173. include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 48,825. 57,752 27,581 33,587. 29,428. 197,173. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 9,000 22,926 31,926. amount on line 13 for the year 22,926 31,926. 9,000. c Add lines 7a and 7b 165,247. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 48,825 57,752 27,581 33,587. 29,428. 197,173. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,659 1,143 1,158 2,380 1,724 8,064. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1.724 8,064. 1,659 1,143 1.158 2,380 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on

12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support (Add lines 9, 10c, 11, and 12)	50,484.	58,895.	28,739.	35,967.	31,152.	205	5,23	7
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	l, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	ation,		
	check this box and stop here							▶	
Sec	ction C. Computation of Publ	ic Support Per	rcentage	-	_				
						1		<u> </u>	

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	80.52	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	81.74	%
Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.93	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.11	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is m	ore than 33 1/3%, and	i line 17 is not	

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

ightharpoons

Form 990-EŻ O	ther Expenses		Statement	1
Description			Amount	
CONCERT DRESS/EXPENSES				84.
MUSIC SUPPLIES			2,4	
MUSIC PERFORMANCE LICENSE FEE				81. 50.
FILING FEE ADVERTISING			2,1	
OFFICE SUPPLIES				61.
ACCOUNTING FEES				25.
FOOD & FLOWERS FOR RECEPTIONS				47.
MISCELLANEOUS EXPENSE			_	6.
Total to Form 990-EZ, line 16			6,4	04.
Form 990-EZ Cash Gran	ts and Allocat	ions	Statement	2
Class of Activity/Grantee's Name a	nd Address	Grantee's Relationship	Amoun	t
MEMORIAL FOR MEMBER MCLEOD HOSPICE		NONE		50.
FLORENCE, SC 29506				
Total Included on Form 990-EZ, Lin	.e 10			50.

FORM 990-EŻ	ORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		3
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[] Yes [X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X]	No

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Statement

TO PRESENT CHORAL AND ENSEMBLE MASTER PIECES TO THE PUBLIC

10

The Masterworks Choir, Inc.

List of Officers and Directors Year: 2009-2010

Attachment to Form 990-EZ

William B. Mills
Founder and Music Director

E. S. Swearinger *Chairman*

John Bertel Vice-Chairman

Bebe Frank Secretary

Larry Murphy *Treasurer*

William Hazelwood
Immediate Past Chairman

Curt Boswell
Becky Butler
Darby Holley
Jane Ketcham
Fred Kunz
Roger Malfatti
William McRee
Mary Ann Nash
Hunter R. Stokes, Sr.
Ginger Sullivan
Kevin Verbe
Jessie Whitaker
Board Members

Ann Nichols Librarian