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BAA For Paperwork Reduction Act Notice, see the separate instructions.



OMB No 1545-0047 2015

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 private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public \*
Inspection \*

A	For th	e 2015 calen	r year, or tax year beginning Jul 3	1	, 2015	i, and en	ding	Jun 30	1	,	2016	
В	Check if	applicable	Name of organization The Masterw	ork Music	& Ar	t Fou	ndati	on <b>D</b>	Employ	er identifi	cation number	
	Ad	dress change	Doing business as						22-1	7172	53	
	Na	ime change	Number and street (or P.O. box if mail is not delive	ered to street address	s)	Ro	om/suite	E	Telepho	ne number	T	
	Init	tial return	3 Pleasant Valley Rd						(973	3) 88	7-1732	
	$\vdash$	al return/terminated	City or town, state or province, country, and ZIP or	foreign postal code					(3.0) 33.			
	Н	nended return	Thippany		NJ	0798	21	G	Gross re	ceipts S	152,684	1
	H	plication pending	F Name and address of principal officer		110	0750		Is this a grou			<del></del>	1221
	⊔~	plication pending	nirley May, Past President23 PLEASANT VALLEY RC	VIACOTUM	NT.	J 0798	, н(ь)	Are all subor	dınates II	ncluded?	<b>=</b>	F-7
_	Toy	avamet status			47(a)(1) o	_ · ·	<u>}</u>	If 'No,' attach	a list. (s	ee instruc	tions)	
<del>'</del>		exempt status		1 143	47(0)(1)0	1 1327	_	C	_4			
<u>1</u>				T <b>b</b>			<del></del>	Group exem				
K		of organization	X Corporation Trust Association	Other -		Year of for	mation	1955	IM S	tate of leg	al domicile N	,
Pa	rt I	Summai		<del></del>			<del></del> -	<del></del>				
	1	Bnetly descri	the organization's mission or most signi	ricant activities.	<u>T</u>	o pro	<u>mote</u>	<u>and su</u>	ibboi	rt th	<u>e arts</u>	
9												
Ē				. – – – – – -				- <b></b>	<b>-</b>			
Activities & Governance	_							250/ 25:42				
ලි		Check this bo	► if the organization discontinued in members of the governing body (Part	•	-				_	sets.		1 1
વ્હ			pendent voting members of the governing							4		11
es			f individuals employed in calendar year 2							5		
₹			f volunteers (estimate if necessary)							6		0
Ş			business revenue from Part VIII, column							7a		0.
_			usiness taxable income from Form 990-							7b		0.
								Prior	Year		Current Y	'ear
_	8	Contributions	nd grants (Part VIII, line 1h)				[					
ğ			e revenue (Part VIII, line 2g)				· ·					
Revenue	10	Investment in	ome (Part VIII, column (A), lines 3, 4, and	17d)			🗀		41,6	32.	9	,454.
æ	11	Other revenu	(Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		<b></b>	[					
	12	Total revenue	<ul> <li>add lines 8 through 11 (must equal Pa</li> </ul>	rt VIII, column (/	A), line 1	12)			41,6	32.	9	,454.
	13	Grants and s	ılar amounts paid (Part IX, column (A), li	nes 1-3)			L		15,0	50.	1	,900.
	14	Benefits paid	or for members (Part IX, column (A), lin	e 4)			[					
	15	Salaries, othe	compensation, employee benefits (Part I	X, column (A), I	lines 5-1	0)	[					
Expenses	16a	Professional	ndraising fees (Part IX, column (A), line	11e)			F					
Dec	١,		ig expenses (Part IX, column (D), line 25				o. T				•	·,
찣	"	Other	(Det IV selves (A) less 11s 11d 11d		ED	<del></del> '	<u>~</u> -		25 6	70	1.6	457
	17	Tatal assess	s (Part IX, column (A), lines 11a-11d, 11 Add lines 13-17 (must equal Part IX <del>, c</del>	<b>YEURIV</b>	ピレー		∵		25,6			457.
			1 1 1		25)	<u> </u>	· · ·		40,7			,357.
		Revenue les	expenses. Subtract line 18 from lin	ALLE IN 7 21	<del>016 · · ·</del>	$\Omega$				03.		,903.
200		T-1-11-	اها	2-100 0 2 2		<b>12</b>	B	eginning of			End of Y	
Assets o	20 21		art X, line 16)	OCDEN	LIT		∵ ⊢	9	34,2	55.	923	,352.
4 5				<u>OGDEN,</u>	<u> </u>	<u> </u>	· · ·			<del> +</del>		
			and balances. Subtract line 21 from line	20	<u>· · · · · </u>	· · · · ·	• •	9	34 <u>,</u> 2	55.]	925	,352.
Pa	art II	Signatu	Block									
Und	er penalt	ties of perjury, I de	re that I have examined this return, including accompa- (other than officer) is based on all information of whic	anying schedules and h preparer has anv k	d statemen mowledge	its, and to th	e best of m	ny knowledge	and beli	ef, it is tru	e, correct, and	
	,	1.		, ,,,				<del> </del>				
		Signat	of officer					 Date	<del>-</del>	_		-
Sig	gn			1 Min	Ш		+	2010	7) (	$\chi\chi$	THE !	
He	ere		LEY MAY Musley	Nona	9					, - ,	1	<del>-</del>
			parer's name Preparer's signal	nturo.	<del>/</del>	Data		<del></del>	. 1-	, Ta	T/M	
			0,		Ó	Date)	10/20	Che Che	_	ן "כ	TÍN	
Pa		<del>}-</del>		n'a Meas	WY	1001	11/11	self	employe	ed E	00095978	3
	epare			CPAs		· '	·					
Us	se On	1ly Firm's addi	s 29 South Avenue West					Firm	i's EIN	22-	3054509	
			Cranford	NJ	070	16		Pho	ne no	(908	276-76	86
Ma	y the I	RS discuss th	return with the preparer shown above? (	see instructions	s)						X Yes	No

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Form 990 (2015)

Form	990 (2015) The Masterwo	ork Maric & Ar	t Foundation		22-1	717253	Page 2
Par	t।॥। Statement of Progra						_
	Check if Schedule O conta	ins a response or note	to any line in this Part I	II <u></u>	<u></u>		
1	Briefly describe the organization's	mission:					
	To promote and suppo	ort the arts _			<b>-</b>		
2	Did the organization undertake an					_	
	Form 990 or 990-EZ?					· · U Yes	X No
	If 'Yes,' describe these new service						-
3	Did the organization cease conduction	cting, or make significal	nt changes in how it cor	nducts, any program se	rvices?	· · U Yes	X No
	If 'Yes,' describe these changes of						
4	Describe the organization's progra Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each prog	rganizations are require	nents for each of its thre d to report the amount	ee largest program serv of grants and allocation	ices, as measul s to others, the	ed by expense total expenses	es. ,
4 a	(Code:) (Expenses	\$ 18,357	_ including grants of	\$ 1,900	_ ) (Revenue	\$	0.)
	SUPPORTING WORTHY MU	JSIC_ORGANIZAT	IONS				<b></b>
					. <b></b>		
						<del>_</del>	
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			<b></b>	<b></b> -			
4 t	(Code) (Expenses	\$	including grants of	\$	) (Revenue	\$	)
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		. <b></b>			- <b></b>		
						<del> </del>	
4 0	c (Code) (Expenses	\$	_ including grants of	\$	) (Revenue	\$	)
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4.	d Other program services. (Describ						
	d Other program services. (Describ (Expenses \$	ıncludıng gra	nts of \$ 8, 357.	) (Revenue	ue \$		)

ic & Art Foundation Pantive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
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	-	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		žį.	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	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	116		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 0		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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		x
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Parts XI, and XII	12a	ļ. <u>.</u>	x
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 t		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		Х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		x

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Kai	Checklist of Required Schedules (Continued)		—	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J	23		X
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ı	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	24c		
	any tax-exempt bonds?	24d		<u> </u>
	•	<u> </u>		<b></b>
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
!	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		Х
				<b></b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
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):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	\$6° 10.	X
		204		<del>                                     </del>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
ı	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete			<u> </u>
JZ	Schedule N, Part II	32	<u> </u>	Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b></b>	X
	b If 'Yes' to line 35a, 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	35b	<u> </u>	Х
36	organization? If 'Yes,' complete Schedule R, Part V, line 2	36	_	x
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	

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Form 990 (2015) The Masterwork Moic & Art Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• • •	<u>·    </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	×	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b	If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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 as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7 a	_	_X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year		_	]
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8_		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
_	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			١. ١
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ē	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	L	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	<del> </del>		—
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	L	<u> </u>

Part VI   Governance, Management, and Disclosure For each "ves" response to fines 2 through 7b below, and for a Norsponse to fine 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions.	Form	n 990 (2015) The Masterwork MuSc & Art Foundation 22-1717253		P	Page <b>6</b>
Schedule O. See instructions. Check f Schedule O. See instructions. Check f Schedule O. Canains a response or note to any time in this Part VI.  Section A. Governing Body and Management  1 a Enter the number of voling members of the governing body at the end of the tax year.  1 a Enter the number of voling members included in line 1s, above, where the power of the governing body at the end of the tax year.  1 a Enter the number of voling members included in line 1s, above, who are independent.  1 before the number of voling members included in line 1s, above, who are independent.  2 bid any officer, director, trustes, or key employees have a family relationship or a business relationship with any other officer, director, trustes, or key employees.  3 bet the organization delegate control over management duties customanty performed by or under the direct supervision of officers, director, sor trustes, or key employees.  4 bet the organization delegate control over management duties customanty performed by or under the direct supervision of officers, director, incluses, or key employees to a management company or other person?  3 bet the organization and the second of the control of officers, director, trustes, or key employees to a management company or other person?  4 bet the organization base members and the second of the organization's assets?  5 bet the organization base members or stockholders?  7 better of the organization base members or stockholders?  8 better of the organization have members or stockholders?  9 better organization base members or stockholders?  1 better organization base members or stockholders?  1 better organization base members or stockholders?  1 better organization base members or stockholders?  2 better organization base members or stockholders?  3 better organization base members or stockholders?  4 better organization base members organization resourced to (respect to approval by) members, stockholders, organization base members, stockholders, organization base organization bas	Par			d for	
Chock if Schedule O contains a response or note to any five in this Part VI.			'n		
Saction A. Governing Body and Management  1 a Enter the number of voling members of the governing body at the end of the tax year.  1 a I a Enter the number of voling members of the governing body at the end of the tax year.  1 a I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Schedule O. See instructions.			[ <del>.</del>
Yes   No			• • •	<u>· · · · </u>	. X
1 a Enter the number of volting members of the governing body at the end of the tax year.   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to a meteral differences in volting rights among members of the governing body, or if the governing body delegated broad authority to volting members included in line 1a, above, who are independent .    2	Sec	tion A. Governing Body and Management			Τ
If there are material differences in voting rights among members of the governing body, or the governing body delegated brook.  Before the number of voting members included in line 1a, above, who are independent.  1				Yes	No
of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, sighlar in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent	1 a	Enter the number of voting members of the governing body at the end of the tax year			
b Enter the number of voling members included in line 1a, above, who are independent . 1b   1   2   2   2   2   2   2   3   3   2   2		of the governing body or if the governing body delegated broad			ł
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SHIRLEY MAY

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

Form 990 (2015)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any rela	ted organi	zatioi	n co	mpe	nsa	ted a	ny c	current officer, dire	ctor, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	IS	both	an of	fficer a truste	e)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
PAST PRESIDENT, TRUSTEE	20.00	х						0,	0.	0.
(2) MATHEWS PHILLIPS PRESIDENT	2.00			Х				0.	0.	0.
(3) GWENETH MOONEY TREASURER	2.00			х				0.	0.	0.
				х				0.	0.	0.
(5)										
(6)										
_(7)										
(8)										
(9)										
(10)										
<u>(11)</u>	<b>_</b>									
<u>(12)</u>									-	
(13)										
(14)										

TEEA0107 10/12/15

Trait vii Ageetion A. Omeers, preceiors, tre	(B)			(0	_			a riigilest con	iponoutou Linjo		- (	
(A) Name and title	Average hours per	box	, unle:	ss pe	more rson i lirecto	than o s both r/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of oti	her
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org an	ipensation the lanization d related anization	n d
(15)												
<u>(16)</u>	<del>_</del>											
(17)												
(18)		· -										
(19)									-			
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							7	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	0.			0.
2 Total number of individuals (including but not limited from the organization							ive			npensa	tion	
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvidual		٠.	٠.	٠.		•			. 3		X
4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater to such individual	han \$150,	0003	If 'Y	'es'	com	olete	Sch	hedule J for		. 4		<u> </u>
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat complete S	ion fr	om a	any <i>J for</i>	unre suc	lated h per	org	ganızatıon or individ	lual 	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed indepe	nden	t co	ntra	ctors	that	rec	eived more than \$1	100,000 of			
compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	ar en	dıng	with or within the	organization's tax ye		(C)	
Name and business addre	ess 							Description o		Compi	ensatio	.n
					-	-						
2 Total number of independent contractors (including	but not lin	nıted	to th	ose	liste	ed ab	ove	l ) who received mo	re than			
\$100,000 of compensation from the organization	<u> </u>				_				L		000 /	

Form	990	(2015) The Maste	rwork M	1	c & Art Fou	ındation		22-1717253	Page 9
Par	t VII	Statement of Rev	enue	_					
	•	Check if Schedule O co	ontains a res	pons	se or note to any lir	ne in this Part VIII .	<u> </u>		
!		_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns .		1 a					
ra E	b	Membership dues	[	1 b					
₹ ي	С	Fundraising events	[	1 c					
ifts ar A	d	Related organizations .		1 d					
e iii		Government grants (contribution		1 e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grasimilar amounts not included al		1 f					
神の		Noncash contributions included	<b>1</b> ——	s					
등	_	Total. Add lines 1a-1f .		· —					
<u></u>				- [	Business Code				
Program Service Revenue	2 a								
æ	ь								
9	c								
ēΣ	d			-					
SE	e		~		<del></del>				
gra	f	All other program service	revenue .	: - -			· <del>-</del>		
õ		Total. Add lines 2a-2f .							
	3								
		Investment income (included the similar amounts).				32,001.	32,001.	0.	0.
	4	Income from investment of	of tax-exemp	t bor	nd proceeds	_			
	5	Royalties							
			(ı) Real		(II) Personal				
	6 a	Gross rents					:		
	b	Less: rental expenses							
		Rental income or (loss)			<u> </u>				
	d	Net rental income or (loss	s) <u>.</u>		<u></u>				
	7 a	Gross amount from sales of	(i) Secuntie	s	(II) Other				
		assets other than inventory	120,6	83.					
	b	Less cost or other basis and sales expenses	143,2	30.					
		Gain or (loss)	-22 <b>,</b> 5		<u> </u>		·		·
	d	Net gain or (loss)			<del>.</del>	-22,547.	-22,547.	0.	0.
Other Revenue	8 a	Gross income from fundra (not including \$ of contributions reported	_	s 					
æ		See Part IV, line 18							
<u>ē</u>		Less: direct expenses .							
₹	c	Net income or (loss) from	fundraising	ever	nts ►				
		Gross income from gamir See Part IV, line 19							
	b	Less: direct expenses .		. b					
	C	Net income or (loss) from	gaming act	vities	s				
	10 a	Gross sales of inventory, and allowances	less returns	. a					
	b	Less: cost of goods sold		. b			······································		
	C	Net income or (loss) from	sales of inv	ento	ry ►				
		Miscellaneous Revenu	e	$\bot$	Business Code				
	11 a								
	b			L					

d All other revenue . . . . . . . . . . e Total. Add lines 11a-11d . . . .

12 Total revenue. See instructions . . . . . . . . . . . . . .

9,454.

9,454.

0.

& Art Foundation

Part IX Statement of Functional Expenses

	organizations must c		

(A) Total expenses (B) (C) (D) Do not include amounts reported on lines Fundraising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. 1,900 1,900 Grants and other assistance to domestic individuals See Part IV. line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . . . . . . . . . . . . . Other salanes and wages. . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . . Other employee benefits . . . . . 10 Fees for services (non-employees) 628 0 628 c Accounting . . . . . . . . . . . . . 1,400 0 1,400. e Professional fundraising services. See Part IV, line 17 . f Investment management fees . . . . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . Advertising and promotion . . . . . . . . . . . . 12 147 147 0 0 2,509 2,509 0 0. Information technology . . . . . . . 14 15 Royalties . . . . . . . . . . 6,500 6,500 0 0. 16 0 0. Travel 68 68 Payments of travel or entertainment expenses for any federal, state, or local 454 454 0. 0. 19 Conferences, conventions, and meetings . . . 20 21 22 Depreciation, depletion, and amortization . . . Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e 435 0 0. 435 a KID'S GUIDE \_ \_ 0 0 0. b ANNUAL REPORT 0 0. 25 0 C BANK\_WIRE FEE d BOOK KEEPING 2,206 2,206 0 0. 0. 2,085 0. 2,085 e All other expenses . . . . . . . . 18,357 18,357 0. 0. 25 Total functional expenses. Add lines 1 through 24e. . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720). . . .

Part X **Balance Sheet** End of year Beginning of year 1 7,952 9,651 Savings and temporary cash investments . . 2 2 39,725. 92,159. 3 Pledges and grants receivable, net Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 9 10 a 10 b 10 c Investments - publicly traded securities . . . . . . 886,578 11 823,542 Investments - other securities. See Part IV, line 11 . . . . 12 12 Investments - program-related See Part IV, line 11 . . 13 13 14 14 Other assets, See Part IV, line 11 . . . . . . . . 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 925,352 934,255 16 Accounts payable and accrued expenses . . . . . . 17 17 18 18 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and complete Balances lines 27 through 29, and lines 33 and 34. 934,255 27 925,352. 28 28 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here - 4 and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund . . . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32

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33

Set

Form 990 (2015)

925,352

33

34

934,255

934,255

Form	1990 (2015) The Masterwork Masic & Art Foundation22-17	717253		Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,4	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	18,3	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-8,9	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,2	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses 1111111111111111111111111111111111	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		0	92	25,3	<u>52.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			$\cdot \square$
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			45	-'-
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			۲ . د د د	\$ .
	in Schedule O.		ئى: مفدك		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			*	;
	separate basis, consolidated basis, or both				3
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				-
	basis, consolidated basis, or both:			ž	į,
	Separate basis Consolidated basis Both consolidated and separate basis				ل ش
С	: If 'Yes' to line 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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			·,	
3 a	a 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?		3 a		Х
b	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь		
BAA			Form	990 (2	2015)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Sup

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Name o	f the organization					Employer Identifica	tion number						
The	ne Masterwork Music & Art Foundation 22-1717253												
Part													
The o	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box )												
1	A church, convention of church	es, or association of c	hurches described in se	ction 17	0(b)(1)(A	A)(i).							
2	A school described in section												
3	A hospital or a cooperative hos												
4	A medical research organization						ne hospital's						
•	name, city, and state:					(	•						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete Po	ne benefit of a college	or university owned or o	perated t	oy a gove	ernmental unit described	in section						
6	A federal, state, or local govern		l unit described in section	on 170(b	)(1)(A)(v	·).							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community trust described in												
9	An organization that normally refrom activities related to its exempted investment income and unrelated June 30, 1975. See section 56	empt functions – subje ted business taxable ir	ect to certain exceptions, acome (less section 511	and (2) i	no more	than 33-1/3% of its supp	port from aross						
10	An organization organized and	operated exclusively	to test for public safety.	See <b>sect</b>	ion 509(	(a)(4).							
11	An organization organized and	operated exclusively anizations described in	for the benefit of, to perform section 509(a)(1) or se	orm the f	unctions 09(a)(2).	of, or to carry out the posee section 509(a)(3).	urposes of one Check the box in						
а	Innes 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	tion supervised or con organization vested in	trolled in connection with the same persons that	ıts supp control o	orted or or manag	ganization(s), by having le the supported organiz	control or ation(s). <b>You</b>						
С	Type III functionally integrate organization(s) (see instruction	ed. A supporting organes). You must comple	nization operated in conr ete Part IV, Sections A,	ection w <b>D, and E</b>	nth, and ¹ <b>≣.</b>	functionally integrated w	rith, its supported						
d	Type III non-functionally inte functionally integrated. The organistructions). You must comp	panization generally m	ust satisfy a distribution	connecti requirem	on with i	ts supported organization attentiveness require	on(s) that is not ement (see						
е	Check this box if the organization integrated, or Type III non-fund	ion received a written obtionally integrated sup	determination from the Illoporting organization.	RS that it	t is a Typ	e I, Type II, Type III fun	ctionally						
f	Enter the number of supported org												
g	Provide the following information a	about the supported or	ganızation(s).										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(IV) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
				Yes	No								
						-							
(A)_				<b>-</b>									
<u>(B)</u>													
(C)													
(D)													
<u>(E)</u>													
Takal					. 1								

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

Masterwork Music & Art Foundat

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.)

<u>Sec</u>	tion A. Public Support			<del></del>	<del>,</del>			
	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3						<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	_	
13	First five years. If the Form 990 is organization, check this box and s							
	tion C. Computation of Pu							
	Public support percentage for 201						<u>%</u>	
	Public support percentage from 20						<u> %</u>	
	16a 33-1/3% support test — 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	7 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pul	and <b>stop here.</b> Exp olicly supported org	laın ın Part VI how anızatıon	the ▶	
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ [	



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.)

Sect	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	any 'unusùal grants.')	0.	0.	0.	0.		0.
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is			1			
	related to the organization's			1			
2	tax-exempt purpose						
3	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				ļ		
5	The value of services or						-
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	0.	0.	0.	0.		0.
	Amounts included on lines 1,	<del></del>		<del>``</del>	<del>``</del>		<del></del>
	2, and 3 received from			1			
	disqualified persons		-				
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year		}				
_	Add lines 7a and 7b					<del></del>	
_		;	1		,		
0	Public support. (Subtract line 7c from line 6.)			f		• •	0.
Sect	tion B. Total Support					_	
	lar year (or fiscat year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
Calend 9	Amounts from line 6	(a) 2011 0.	<b>(b)</b> 2012	(c) 2013	(d) 2014 0.	(e) 2015	(f) Total 0.
Calend 9	Amounts from line 6	<del> </del>			<del></del>	(e) 2015	
Calend 9	Amounts from line 6	0.	0.	0.	0.	<b>(e)</b> 2015	0.
Calend 9 10 a	Amounts from line 6	<del> </del>			<del></del>	(e) 2015	
Calend 9 10 a	Amounts from line 6	0.	0.	0.	0.	(e) 2015	0.
Calend 9 10 a	Amounts from line 6	0.	0.	0.	0.	(e) 2015	0.
Calend 9 10 a	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Calend 9 10 a b	Amounts from line 6	0.	0.	0.	0.	(e) 2015	0.
Calend 9 10 a b	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Calend 9 10 a b	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Calend 9 10 a b c 11	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Calend 9 10 a b c 11	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Calend 9 10 a b c 11	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Dalence 9 10 a b c c 11	Amounts from line 6	23,330.	35,500.	43,650.	41,632.	(e) 2015	144,112.
Dalence 9 10 a b c c 11	Amounts from line 6	23,330.	0. 35,500. 35,500.	43,650. 43,650.	41,632. 41,632.	(e) 2015	144,112.
Dalence 9 10 a b c c 11 12	Amounts from line 6	23,330.	35,500. 35,500.	43,650. 43,650.	41,632. 41,632.		144,112.
Dalence 9 10 a b c c 11 12	Amounts from line 6	23,330. 23,330. 23,330. s for the organization	35,500. 35,500. 35,500. on's first, second, th	43,650. 43,650.	41,632. 41,632. 41,632. tax year as a sect	on 501(c)(3)	144,112.
9 10 a b c c 11 12 13 14	Amounts from line 6	23,330.  23,330.  23,330.  s for the organization here	35,500. 35,500. 35,500. on's first, second, tr	43,650. 43,650.	41,632. 41,632. 41,632. tax year as a sect	on 501(c)(3)	144,112.
Calency 9 10 a b c 11 12 13 14 Sec.	Amounts from line 6	23,330.  23,330.  23,330.  s for the organization hereblic Support P	35,500. 35,500. 35,500. an's first, second, tr	43,650. 43,650.	41,632. 41,632. 41,632. tax year as a sect	on 501(c)(3)	144,112. 144,112. 144,112.
9 10 a b c 11 12 13 14 Sect 15	Amounts from line 6	23,330.  23,330.  23,330.  s for the organizatiotop here · · · · · · blic Support P 5 (line 8, column (f)	35,500.  35,500.  35,500.  on's first, second, the second age divided by line 13,	43, 650.  43, 650.  43, 650.  nird, fourth, or fifth	41,632.  41,632.  41,632.  tax year as a sect	on 501(c)(3)	144,112. 144,112. 144,112. 
9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6	23, 330.  23, 330.  23, 330.  s for the organization here	35,500.  35,500.  35,500.  35,500.  on's first, second, the contage of divided by line 13, and III, line 15.	43, 650.  43, 650.  43, 650.  audition of the second of th	41,632.  41,632.  41,632.  tax year as a sect	on 501(c)(3)	144,112. 144,112. 144,112. 
9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6	23, 330.  23, 330.  23, 330.  s for the organization here  blic Support P 5 (line 8, column (f) 14 Schedule A, Parestment Incomp	35,500.  35,500.  35,500.  35,500.  on's first, second, the ercentage of divided by line 13, and III, line 15	43,650.  43,650.  43,650.  nird, fourth, or fifth	41,632. 41,632. tax year as a sect	on 501(c)(3)	144,112. 144,112. 144,112. 
Date of the control o	Amounts from line 6	23,330.  23,330.  23,330.  s for the organizatic top here	35,500.  35,500.  35,500.  35,500.  on's first, second, the contage divided by line 13, and III, line 15.  ne Percentage lumn (f) divided by	43, 650.  43, 650.  43, 650.  ard, fourth, or fifth	41,632.  41,632.  41,632.  tax year as a sector	on 501(c)(3)	144,112. 144,112. 144,112. 
Dalend 9 10 a b c c 11 12 13 14 Sect 17 18	Amounts from line 6	23,330.  23,330.  23,330.  23,330.  s for the organization here	35,500.  35,500.  35,500.  35,500.  35,500.  aris first, second, treercentage of divided by line 13, and III, line 15.  art III, line 15.  A, Part III, line 17.	43, 650.  43, 650.  43, 650.  ard, fourth, or fifth column (f)	41,632. 41,632. 41,632. tax year as a sect	on 501(c)(3)	144,112. 144,112. 144,112. 
Dalend 9 10 a b c c 11 12 13 14 Sect 17 18	Amounts from line 6	23,330.  23,330.  23,330.  s for the organizatic top here	35,500.  35,500.  35,500.  35,500.  35,500.  an's first, second, the contage of divided by line 13, and III, line 15.  ane Percentage umn (f) divided by A, Part III, line 17. d not check the book of the contage of the contage umn (f) divided by A, Part III, line 17.	43, 650.  43, 650.  43, 650.  irrd, fourth, or fifth	41,632.  41,632.  41,632.  tax year as a sector	on 501(c)(3)	144,112.  144,112.  144,112.  144,112.  15 0.00 %  16 0.00 %  17 100.00 %  In 17
calend 9 10 a b c c 11 12 13 14 Sect 17 18 19 a	Amounts from line 6	23, 330.  23, 330.  23, 330.  s for the organization top here  blic Support P 5 (line 8, column (f) 014 Schedule A, Pa restment Incor 2015 (line 10c, column 2014 Schedule A) the organization dints box and stop here the organization dints box and stop here the organization dints box and stop here	35,500.  35,500.  35,500.  35,500.  35,500.  35,500.  aris first, second, the second s	43, 650.  43, 650.  43, 650.  irrd, fourth, or fifth	41,632.  41,632.  41,632.  tax year as a sector	on 501(c)(3)	144,112. 144,112. 144,112. 
Dalend 9 10 a b c c 11 12 13 14 Sect 17 18 19 a	Amounts from line 6	23, 330.  23, 330.  23, 330.  s for the organization top here  blic Support P 5 (line 8, column (f) 014 Schedule A, Pa restment Incor 2015 (line 10c, column 2014 Schedule A) the organization dints box and stop here the organization dints box and stop here the organization dints box and stop here	35,500.  35,500.  35,500.  35,500.  35,500.  35,500.  aris first, second, the second s	43, 650.  43, 650.  43, 650.  irrd, fourth, or fifth	41,632.  41,632.  41,632.  tax year as a sector	on 501(c)(3)	144,112. 144,112. 144,112. 

Part IV Supporting Organizations

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

	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1		
2	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		-
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	3b		_
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	Зс		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	40.		
	or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	ia Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		ļ
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	7 15 11 4 4050 4 4050 4 4050 4			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	Da Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'  answer 10b below	10a		
		iva		<del> </del>
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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	tit supporting organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
I	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Seg	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructi	ons)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
_	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? Provide details in Part VI	3a		ļ
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If Yes, describe in Part VI the role played by the organization in this regard	3b		<b> </b> <sup>]</sup>

Sche	dule A (Form 990 or 990-EZ) 2015 The Lasterwork Music & Art Found	dati	22-17	17253 Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	lovem tions A	ber 20, 1970. <b>See instru</b> A through E.	ctions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b	<u> </u>	
c	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
-6	Multiply line 5 by .035.	7		
	Recoveries of pnor-year distributions	8		
8 Sec	tion C — Distributable Amount	10		Current Year
		1		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	2	-	
2	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,- ·*,	
<u>3</u>	Enter greater of line 2 or line 3	4	· ~	
5	Income tax imposed in prior year	5		
<del>_</del> 6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	<del> </del>	11 1	
O	temporary reduction (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2015

_	dule A (Form 990 or 990-EZ) 2015 The Pasterwork Music			7253 Page <b>7</b>			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	ion D - Distributions			Current Year			
	Amounts paid to supported organizations to accomplish exempt purpose						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations					
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provid	e details				
9	Distributable amount for 2015 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·					
10	Line 8 amount divided by Line 9 amount						
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
_1_	Distributable amount for 2015 from Section C, line 6		'				
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b				!			
С							
d	From 2013						
е	From 2014	<u> </u>					
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount	-					
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2015 from Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		_				
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3 <sub>j</sub> and 4c						
8	Breakdown of line 7						
a							
b							
С	Excess from 2013						
d	Excess from 2014						

e Excess from 2015 . . . . . . . . . . . . . . .

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

The Masterwork Music & Art Foundation

Employer Identification number

22-1717253

990 PRIOR TO FILING THE THE PAST PRESIDENT AND THE PRESIDENT REVIEW THE

Pt VI, Line 11b RETURN