





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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ MN</span>		
42a	The organization's books are in care of <span style="float:right">▶ Carolyn Hiller</span> Telephone no. <span style="float:right">▶ 507-252-8427</span> 1001 14th Street NW Located at <span style="float:right">▶ Rochester, MN</span> ZIP + 4 <span style="float:right">▶ 55901</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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 completed instead of Form 990-EZ		X
45			X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

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

**Sign Here**

Signature of officer: **Carolyn Hiller** Date: **Executive Director**  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: Date: 10/07/10 Check if self-employed:  Preparer's Identifying Number (See instr.): **P00105267**  
Firm's name (or yours if self-employed), address, and ZIP + 4: **JackHarvey, LLC CPAs**  
**100 4th Ave SE Ste 1**  
**Plainview, MN 55964-2502**  
EIN: **26-1260427**  
Phone no.: **507-534-3837**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**Choral Arts Ensemble of Rochester**

Employer identification number

**36-3465792**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 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 section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> Total support. Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a</b> 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b</b> 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a</b> 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b</b> 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	155,433	177,850	244,422	247,748	258,184	1,083,637
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,129	50,801	39,454	49,644	56,351	239,379
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	1,055	5,859				6,914
<b>6 Total.</b> Add lines 1 through 5	199,617	234,510	283,876	297,392	314,535	1,329,930
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	38,129	45,801	34,454	44,644	51,351	214,379
<b>c</b> Add lines 7a and 7b	38,129	45,801	34,454	44,644	51,351	214,379
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,115,551

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	199,617	234,510	283,876	297,392	314,535	1,329,930
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,322	7,456	4,082	2,599	2,060	22,519
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	6,322	7,456	4,082	2,599	2,060	22,519
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	205,939	241,966	287,958	299,991	316,595	1,352,449

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	82.48%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	81.51%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	2%

**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 B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

**Choral Arts Ensemble of Rochester**

Employer identification number

**36-3465792**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>Choral Arts Ensemble of Rochester</b>	Employer identification number <b>36-3465792</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Mayo Foundation 200 1st Street SW Rochester MN 55904	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IBM HWY 52 & 37 STREET NW ROCHESTER MN 55901	\$ 6,104	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MN State Arts Board Park Square Court Suite 200 Saint Paul MN 55101-1928	\$ 28,695	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SE MN Arts Council, Inc 1610 14th St NW Suite 206 Rochester MN 55901	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Norman Gillette Foundation 952 Skyline Dr SW Rochester MN 55902	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2009**

Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**Choral Arts Ensemble of Rochester**

Identifying number  
**36-3465792**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,461

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,912	5.0	MQ	200DB	761
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,222
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)



# Federal Statements

**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -  
Securities**

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Abbott Laboratories		8/14/09	8/14/09	\$ 2,285	\$ 2,355	\$	-70
	Donation				\$ 2,285	\$ 2,355	0	-70
	Total							

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Advertising	17,175
Office expense and postage	506
Office expense and postage	422
Office expense and postage	885
Office expense	2,404
Printing and design	11,662
Printing and design	9,057
Supplies	962
Supplies	802
Supplies	4,570
Supplies	1,683
Insurance	456
Insurance	380
Insurance	799
Insurance	2,168
Guest Artists	4,000
Performers	41,725
Instrumentalists	5,350
Commissioned Works	9,000
Bank and Credit Card Fees	435
Bank and Credit Card Fees	362
Bank and Credit Card Fees	761
Bank and Credit Card Fees	2,066
Subcontracted services	4,415
Subcontracted services	1,070
Training	336
Training	57
Dues and licenses	38
Dues and licenses	790
Dues and licenses	936
Dues and licenses	1,301
Miscellaneous	2,396
Miscellaneous	1,621
Depreciation	267
Depreciation	222
Depreciation	467
Depreciation	1,267
Recording and production	1,467
Total	\$ 134,280

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Net Unrealized gain on investments	\$ 6,325
Total	\$ 6,325

**Federal Statements****Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 15,461	\$ 18,750
Inventories for Sale or Use	3,272	2,691
Prepaid Expenses and Deferred Charges	10,277	4,876
Property and equipment	24,193	29,105
Less Accumulated Depreciation	22,489	24,711
	<u>30,714</u>	<u>30,711</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,047	\$ 2,400
Deferred Revenue	3,450	10,050
Accrued salaries and wages	3,176	3,176
Accrued payroll taxes	3,894	3,920
	<u>11,567</u>	<u>19,546</u>

**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

The mission of Choral Arts Ensemble is to inspire, educate, and enrich the community at large through outstanding choral performance.

**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

Artistic Development is an important element of excellent choral music. The Artistic Director selects, interprets, rehearses, and presents choral selections in a manner consistent with the composer's intentions that inspires both singers and listeners. Guest artists, instrumentalists, and 3 choral music commissions are included in Artistic Development.

**Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

Raising community awareness of concerts and also opportunities to participate in singing with the Choral Arts Ensemble. Education of the community at large to provide knowledge and nurture choral music aptitude. The Artistic Director engages the community through pre-concert lectures, concert program notes, visits to high school choirs, and lectures at the local community college.

**Federal Statements**

**Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Michael Culloton 1001 14th Street NW Suite 900 Rochester, MN 55901	Artistic Dir	20.00	33,729	2,212	0
Carolyn Hiller 1001 14th Street NW Suite 900 Rochester, MN 55901	Executive Di	32.00	46,804	3,564	0
Bill Wiktor 1001 14th Street NW Suite 900 Rochester, MN 55901	President	1.00	0	0	0
Sheri Brandvold 1001 14th Street NW Suite 900 Rochester, MN 55901	V-P	1.00	0	0	0
Julie Anderson 1001 14th Street NW Suite 900 Rochester, MN 55901	Secretary	1.00	0	0	0
Tammy Pfeiffer 1001 14th Street NW Suite 900 Rochester, MN 55901	Treasurer	1.00	0	0	0
Bob Giere 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Colin Aldis 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Tami Christianson 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0

**Federal Statements**

**Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Jim Clausen 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
David Joyce 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Randell Adson 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Mary Jurisson 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Malachi McNeilus 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Mary Jo Kelly 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Ari Kolas 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Mary Ellen Landwehr 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Peggy Menzel 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0

**Federal Statements**

**Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Ancy Morse 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Chuck Palmer 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Gina Tuohy 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Jay Kurtz 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Cindy Lehmkuhle 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0
Jerry Williams 1001 14th Street NW Suite 900 Rochester, MN 55901	Director	1.00	0	0	0

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
15	2 laptops	11/13/09	1,031			1,031	5 MQ200DB	0	258
16	1 desktop computer	11/13/09	1,289			1,289	5 MQ200DB	0	322
17	1 color printer	11/13/09	258			258	5 MQ200DB	0	64
18	POS System	6/18/10	1,734			1,734	5 MQ200DB	0	87
19	Keyboard (1/2 interest)	6/17/10	600			600	5 MQ200DB	0	30
			<u>4,912</u>			<u>4,912</u>		<u>0</u>	<u>761</u>
<b>Prior MACRS:</b>									
1	Staging	10/26/94	7,377			7,377	7 HY 200DB	7,377	0
2	Choral Risers	12/05/97	1,264			1,264	7 HY 200DB	1,264	0
3	Riser carts	4/28/98	460			460	7 HY 200DB	460	0
4	Choral Shell & Cart	10/09/98	2,438			2,438	7 HY 200DB	2,438	0
5	Rick's computer	6/30/99	1,375			1,375	5 HY 200DB	1,375	0
6	HP Printer	6/30/00	580			580	5 HY 200DB	580	0
7	Office Furniture	12/21/00	500			500	7 HY 200DB	500	0
8	Donated IBM computer	9/15/00	1,083			1,083	5 HY 200DB	1,083	0
9	Donated IBM computer	8/01/02	1,000		X	700	5 HY 200DB	1,000	0
10	HP Printer	2/14/03	422		X	296	3 HY 200DB	422	0
11	Air conditioner	6/18/03	309		X	154	5 HY 200DB	309	0
12	(2) computers	3/24/04	1,203		X	601	5 HY 200DB	1,203	0
			<u>18,011</u>			<u>16,828</u>		<u>18,011</u>	<u>0</u>
<b>Other Depreciation:</b>									
13	Resultplus software	9/30/05	1,800			1,800	3 MO Amort	1,800	0
14	(3) computers	9/15/07	4,383			4,383	3 MO S/L	2,679	1,461
	<b>Total Other Depreciation</b>		<u>6,183</u>			<u>6,183</u>		<u>4,479</u>	<u>1,461</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,183</u>			<u>6,183</u>		<u>4,479</u>	<u>1,461</u>
	<b>Grand Totals</b>		29,106			27,923		22,490	2,222
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>29,106</u>			<u>27,923</u>		<u>22,490</u>	<u>2,222</u>

36-3465792

**MN Asset Report**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
<b>5-year GDS Property:</b>								
15	2 laptops	11/13/09	1,031	1,031	0	258	258	0
16	1 desktop computer	11/13/09	1,289	1,289	0	322	322	0
17	1 color printer	11/13/09	258	258	0	64	64	0
18	POS System	6/18/10	1,734	1,734	0	87	87	0
19	Keyboard (1/2 interest)	6/17/10	600	600	0	30	30	0
			<u>4,912</u>	<u>4,912</u>	<u>0</u>	<u>761</u>	<u>761</u>	<u>0</u>
<b>Prior MACRS:</b>								
1	Staging	10/26/94	7,377	7,377	7,377	0	0	0
2	Choral Risers	12/05/97	1,264	1,264	1,264	0	0	0
3	Riser carts	4/28/98	460	460	460	0	0	0
4	Choral Shell & Cart	10/09/98	2,438	2,438	2,438	0	0	0
5	Rick's computer	6/30/99	1,375	1,375	1,375	0	0	0
6	HP Printer	6/30/00	580	580	580	0	0	0
7	Office Furniture	12/21/00	500	500	500	0	0	0
8	Donated IBM computer	9/15/00	1,083	1,083	1,083	0	0	0
9	Donated IBM computer	8/01/02	1,000	700	1,000	0	0	0
10	HP Printer	2/14/03	422	296	422	0	0	0
11	Air conditioner	6/18/03	309	154	309	0	0	0
12	(2) computers	3/24/04	1,203	601	1,203	0	0	0
			<u>18,011</u>	<u>16,828</u>	<u>18,011</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
13	Resultplus software	9/30/05	1,800	1,800	1,800	0	0	0
14	(3) computers	9/15/07	4,383	4,383	2,679	1,461	1,461	0
	<b>Total Other Depreciation</b>		<u>6,183</u>	<u>6,183</u>	<u>4,479</u>	<u>1,461</u>	<u>1,461</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,183</u>	<u>6,183</u>	<u>4,479</u>	<u>1,461</u>	<u>1,461</u>	<u>0</u>
	<b>Grand Totals</b>		29,106	27,923	22,490	2,222	2,222	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>29,106</u>	<u>27,923</u>	<u>22,490</u>	<u>2,222</u>	<u>2,222</u>	<u>0</u>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
15	2 laptops	11/13/09	1,031			1,031	5 MQ 150DB	0	193
16	1 desktop computer	11/13/09	1,289			1,289	5 MQ 150DB	0	242
17	1 color printer	11/13/09	258			258	5 MQ 150DB	0	48
18	POS System	6/18/10	1,734			1,734	5 MQ 150DB	0	65
19	Keyboard (1/2 interest)	6/17/10	600			600	5 MQ 150DB	0	23
			<u>4,912</u>			<u>4,912</u>		<u>0</u>	<u>571</u>
<b>Prior MACRS:</b>									
1	Staging	10/26/94	7,377			7,377	10 HY 150DB	7,377	0
2	Choral Risers	12/05/97	1,264			1,264	10 HY 150DB	1,264	0
3	Riser carts	4/28/98	460			460	10 HY 150DB	460	0
4	Choral Shell & Cart	10/09/98	2,438			2,438	10 HY 150DB	2,438	0
5	Rick's computer	6/30/99	1,375			1,375	5 HY 150DB	1,375	0
6	HP Printer	6/30/00	580			580	5 HY 150DB	580	0
7	Office Furniture	12/21/00	500			500	7 HY 150DB	500	0
8	Donated IBM computer	9/15/00	1,083			1,083	5 HY 150DB	1,083	0
9	Donated IBM computer	8/01/02	1,000		X	700	5 HY 200DB	1,000	0
10	HP Printer	2/14/03	422		X	296	3 HY 200DB	422	0
11	Air conditioner	6/18/03	309		X	154	5 HY 200DB	309	0
12	(2) computers	3/24/04	1,203		X	601	5 HY 200DB	1,203	0
			<u>18,011</u>			<u>16,828</u>		<u>18,011</u>	<u>0</u>
<b>Other Depreciation:</b>									
14	(3) computers	9/15/07	4,383			4,383	3 MO S/L	2,679	1,461
	<b>Total Other Depreciation</b>		<u>4,383</u>			<u>4,383</u>		<u>2,679</u>	<u>1,461</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,383</u>			<u>4,383</u>		<u>2,679</u>	<u>1,461</u>
	<b>Grand Totals</b>		27,306			26,123		20,690	2,032
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>27,306</u>			<u>26,123</u>		<u>20,690</u>	<u>2,032</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
9	Donated IBM computer	8/01/02	1,000		0	0	300	700
10	HP Printer	2/14/03	422		0	0	126	296
11	Air conditioner	6/18/03	309		0	0	155	154
12	(2) computers	3/24/04	1,203		0	0	602	601
	<b>Form 990, Page 1</b>		<u>2,934</u>		<u>0</u>	<u>0</u>	<u>1,183</u>	<u>1,751</u>
	<b>Grand Total</b>		<u>2,934</u>		<u>0</u>	<u>0</u>	<u>1,183</u>	<u>1,751</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	Staging	0	0	0
Page 1	1	2	Choral Risers	0	0	0
Page 1	1	3	Riser carts	0	0	0
Page 1	1	4	Choral Shell & Cart	0	0	0
Page 1	1	5	Rick's computer	0	0	0
Page 1	1	6	HP Printer	0	0	0
Page 1	1	7	Office Furniture	0	0	0
Page 1	1	8	Donated IBM computer	0	0	0
Page 1	1	9	Donated IBM computer	0	0	0
Page 1	1	10	HP Printer	0	0	0
Page 1	1	11	Air conditioner	0	0	0
Page 1	1	12	(2) computers	0	0	0
Page 1	1	15	2 laptops	258	193	65
Page 1	1	16	1 desktop computer	322	242	80
Page 1	1	17	1 color printer	64	48	16
Page 1	1	18	POS System	87	65	22
Page 1	1	19	Keyboard (1/2 interest)	30	23	7
				<u>761</u>	<u>571</u>	<u>190</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	Staging	10/26/94	7,377	0	0
2	Choral Risers	12/05/97	1,264	0	0
3	Riser carts	4/28/98	460	0	0
4	Choral Shell & Cart	10/09/98	2,438	0	0
5	Rick's computer	6/30/99	1,375	0	0
6	HP Printer	6/30/00	580	0	0
7	Office Furniture	12/21/00	500	0	0
8	Donated IBM computer	9/15/00	1,083	0	0
9	Donated IBM computer	8/01/02	1,000	0	0
10	HP Printer	2/14/03	422	0	0
11	Air conditioner	6/18/03	309	0	0
12	(2) computers	3/24/04	1,203	0	0
15	2 laptops	11/13/09	1,031	309	252
16	1 desktop computer	11/13/09	1,289	387	314
17	1 color printer	11/13/09	258	78	63
18	POS System	6/18/10	1,734	659	501
19	Keyboard (1/2 interest)	6/17/10	600	228	173
			<u>22,923</u>	<u>1,661</u>	<u>1,303</u>
<b>Other Depreciation:</b>					
13	Resultplus software	9/30/05	1,800	0	0
14	(3) computers	9/15/07	4,383	243	243
	<b>Total Other Depreciation</b>		<u>6,183</u>	<u>243</u>	<u>243</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,183</u>	<u>243</u>	<u>243</u>
	<b>Grand Totals</b>		<u>29,106</u>	<u>1,904</u>	<u>1,546</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
<b>Prior MACRS:</b>				
1	Staging	10/26/94	7,377	0
2	Choral Risers	12/05/97	1,264	0
3	Riser carts	4/28/98	460	0
4	Choral Shell & Cart	10/09/98	2,438	0
5	Rick's computer	6/30/99	1,375	0
6	HP Printer	6/30/00	580	0
7	Office Furniture	12/21/00	500	0
8	Donated IBM computer	9/15/00	1,083	0
9	Donated IBM computer	8/01/02	1,000	0
10	HP Printer	2/14/03	422	0
11	Air conditioner	6/18/03	309	0
12	(2) computers	3/24/04	1,203	0
15	2 laptops	11/13/09	1,031	309
16	1 desktop computer	11/13/09	1,289	387
17	1 color printer	11/13/09	258	78
18	POS System	6/18/10	1,734	659
19	Keyboard (1/2 interest)	6/17/10	600	228
			<u>22,923</u>	<u>1,661</u>
<b>Other Depreciation:</b>				
13	Resultplus software	9/30/05	1,800	0
14	(3) computers	9/15/07	4,383	243
	<b>Total Other Depreciation</b>		<u>6,183</u>	<u>243</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,183</u>	<u>243</u>
	<b>Grand Totals</b>		<u>29,106</u>	<u>1,904</u>

**Federal Statements**

**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2009	\$ 56,351	\$ 51,351
2008	49,644	44,644
2007	39,454	34,454
2006	50,801	45,801
2005	43,129	38,129
Total	\$ <u>239,379</u>	\$ <u>214,379</u>

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON  
 SUITE 1200, BREMER TOWER  
 445 MINNESOTA STREET  
 ST. PAUL, MN 55101-2130  
 (651) 757-1311  
 (651) 296-1410 (TTY)  
 www.ag.state.mn.us

Annual Reporting     Initial Registration

FEDERAL EIN NUMBER: 36-3465792

FOR YEAR ENDING: June 30, 2010

**SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING**

1. *Legal Name of Organization:* Choral Arts Ensemble of Rochester

If annual reporting, is this a new name since the organization's last filing?       Yes     No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:  
Choral Arts Ensemble of Rochester

3. <i>Mailing Address of Organization</i> <u>1001 14th Street NW #900</u> <u>Rochester, MN 55901</u>	<i>Physical Address of Organization</i> <u>1001 14th Street NW #900</u> <u>Rochester, MN 55901</u>
--	--

4. <i>Contact Person</i> <u>Carolyn Hiller</u> <i>Tel. No.</i> <u>507-252-8427</u>	<i>E-mail</i> <u>chiller@choralartsensemble.org</u> <i>Fax No.</i> _____
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5. Complete the following for the most recent twelve-month accounting year. *While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.*

<b>INCOME</b>	<b>For Year Ending: <u>June 30, 2010</u></b>
Contributions from the public	\$ <u>149,713.00</u>
Government Grants	\$ <u>112,665.00</u>
Other revenue	\$ <u>59,662.00</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>322,040.00</u></b>

<b>EXPENSES</b>	
Amount spent for program or charitable purposes	\$ <u>246,446.00</u>
Management/general expense	\$ <u>22,434.00</u>
Fund-raising expense	\$ <u>31,262.00</u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>300,142.00</u></b>

EXCESS or DEFICIT	\$ <u>21,898.00</u>
TOTAL Assets	\$ <u>201,092.00</u>
TOTAL Liabilities	\$ <u>19,546.00</u>

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 181,546.00**

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  
 Yes  No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Compensation \_\_\_\_\_

7. Does this professional fund-raiser solicit or consult in Minnesota?  Yes  No

8. Month and day accounting year ends: June 30, 2010

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?  Yes  No

For Office Use Only: \$25 \$50 \$75 A/R/F SIG 990 EZ PF F/E/S B/D SAL Audit

**SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL organizations MUST complete questions 1-5.*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No  
*If yes, provide the new year-end date:* \_\_\_\_\_
  
2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached
  
3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
1	Carolyn Hiller, Executive Director	50,368.16
2		
3		
4		
5		

4. **Attach** a list of organization's board of directors.  Attached  
 Included in IRS Return
  
5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).
  
6. Minnesota law requires that an organization file a copy of any IRS Form 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?  Yes  No

*NOTE: By answering YES to the above question, you are attesting that the IRS information return filed with this office is an exact copy, including all schedules and attachments, of the IRS information return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).*

7. The following organizations must complete and return the statement of functional expenses below:  
 1) organizations that do not file a return with the IRS; 2) organizations that file a 990-EZ or 990-PF; and 3) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<b>Statement of Functional Expenses</b>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S.				
<b>2</b> Grants and other assistance to individuals in the U.S.				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	124688	97948	8154	18586
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	8542	5813	1148	1581
<b>10</b> Payroll taxes	10064	7506	999	1559
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	5735	1434	4301	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion	17175	17175		
<b>13</b> Office expenses	32953	27356	2202	3395
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	16833	10605	3030	3198
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	3803	2395	685	723
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> Performers/Instrumentalists/Commissioned works	56075	56075		
<b>b</b> Miscellaneous	4017	3903		114
<b>c</b> Subcontracted services	5485	4985	500	
<b>d</b> All other expenses	14772	11251	1415	2106
<b>25 Total functional expenses.</b> Add lines 1 through 24d	300142	246446	22434	31262
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Must be prepared in accordance with generally accepted accounting principles.**

**SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS**  
**SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\* NOTICE \***

**Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.**

Statements

Description	<u>Other Expenses</u>			
	Total Expenses	Program Service	Management & General	Fund Raising
Guest Artists	\$ 4,000	\$ 4,000		
Bank and Credit Card Fees	3,624	2,283	652	689
Dues and licenses	3,065	1,764	306	995
Depreciation	2,223	1,401	400	422
Recording and production Training	1,467	1,467		
	393	336	57	
<b>Total</b>	<b>\$ 14,772</b>	<b>\$ 11,251</b>	<b>\$ 1,415</b>	<b>\$ 2,106</b>

## **Choral Arts Ensemble Board of Directors 2009-2010**

No compensation is paid to the members of the organization's Board of Directors

Bill Wiktor, President

Sheri Brandvold, Vice President

Julie Anderson, Secretary

Tammy Pfeffer, Treasurer

### **DIRECTORS**

Jay Kurtz

Randy Edson

Colin Aldis

Tami Christianson

Cindy Lehmkuhle

Bob Giere

Jim Clausen

David Joyce

Jerry Williams

Mary Jurisson

Malachi McNeilus

Mary Jo Kelly

Ari Kolas

Mary Ellen Landwehr

Peggy Menzel

Ancy Morse

Chuck Palmer

Gina Tuohy

## **Choral Arts Ensemble Key Employees 2009-2010**

Michael Culloton, Artistic Director/Conductor

Total compensation - \$33,729

Employee Benefits - \$2,212

Carolyn Hiller, Executive Director

Total compensation - \$46,804

Employee Benefits - \$3,564