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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1245 VAN NESS AVE

D Employer identification number

02-0541202

E Telephone number

(559) 237-9813

G Gross receipts \$ 850,230

City or town, state or country, and ZIP + 4  
FRESNO, CA 93721F Name and address of principal officer  
AMY KITCHENER  
1245 VAN NESS AVE  
FRESNO, CA 93721H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c) ( 3 ) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW ACTAONLINE.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 2001

M State of legal domicile CA

## Part I Summary

1	Briefly describe the organization's mission or most significant activities SEE FOOTNOTE 1	
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3	Number of voting members of the governing body (Part VI, line 1a)	3 13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of employees (Part V, line 2a)	5 5
6	Total number of volunteers (estimate if necessary)	6
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
b	Net unrelated business taxable income from Form 990-T, line 34	7b

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,025,084	817,387
9 Program service revenue (Part VIII, line 2g)	23,833	28,764
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,314	4,079
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,060,231	850,230

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	409,843	388,192
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	231,470	265,639
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 48,663		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	127,782	197,444
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	769,095	851,275
19 Revenue less expenses Subtract line 18 from line 12	291,136	-1,045

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	966,762	1,014,375
21 Total liabilities (Part X, line 26)	94,035	130,717
22 Net assets or fund balances Subtract line 21 from line 20	872,727	883,658

## Part II Signature Block

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	
***** Signature of officer AMY KITCHENER Executive Director Type or print name and title	2011-05-16 Date
Preparer's signature ► R EMETERIO CASTRO CPA	Check if self-employed ►

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Castro Accountancy Corporation 1586 W Shaw Avenue Ste A Fresno, CA 93711	Preparer's identifying number (see instructions) EIN ► Phone no ► (559) 229-9272
		► Yes ► No

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

SEE FOOTNOTE 1

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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**4a** (Code ) (Expenses \$ 420,650 including grants of \$ 390,275 ) (Revenue \$ )

THE LIVING CULTURES GRANT PROGRAM FUNDS OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT EXEMPLARY PROJECTS IN THE TRADITIONAL ARTS. GRANT AWARDS RANGE UP TO \$7,500 FOR PROJECTS THAT DEMONSTRATE SIGNIFICANT IMPACT ON A PARTICULAR CULTURAL TRADITION IN CALIFORNIA. EXAMPLES OF ELIGIBLE PROJECTS INCLUDE PUBLIC PRESENTATIONS, SUCH AS COMMUNITY-BASED CONCERTS, FESTIVALS AND EXHIBITIONS, WORKSHOPS AND GATHERINGS WHICH BRING TOGETHER ARTISTS, CULTURAL SPECIALISTS OR COMMUNITY LEADERS TO SHARE SKILLS AND INFORMATION, OR TO ENGAGE IN DISCUSSION AND PROBLEM SOLVING, CONSERVATION, CREATION OR ACQUISITION OF IMPORTANT TRADITIONAL ARTS ITEMS, INTERGENERATIONAL CLASSES OR OTHER EDUCATIONAL PROGRAMS WITHIN A COMMUNITY SUCH AS AFTER SCHOOL YOUTH PROGRAMS, DANCE ENSEMBLE CLASSES OR PRACTICES AND SUMMER PROGRAMS, DOCUMENTATION OF TRADITIONAL ARTS, SKILLS, CEREMONIES, BELIEFS OR PERFORMANCES, MEDIA, WEB AND PRINT PUBLICATIONS, PROFESSIONAL AND LEADERSHIP DEVELOPMENT SUCH AS TRAINING OR CONSULTING ACTIVITIES THAT ENHANCE OR IMPROVE THE CAPACITIES OF AN ORGANIZATION TO BETTER SERVE ARTISTS, COMMUNITIES AND THE PUBLIC, AND OTHER ACTIVITIES SUPPORTING CALIFORNIA TRADITIONAL ARTS AND ARTISTS

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**4b** (Code ) (Expenses \$ 222,404 including grants of \$ 131,501 ) (Revenue \$ )

THE ORGANIZATION HAS PROVIDED STEWARDSHIP IN TENDING AND NURTURING CALIFORNIA'S UNIQUE CULTURAL LANDSCAPE THROUGH TRADITIONAL ARTS APPRENTICESHIPS, ADVOCACY, DISCOVERY RESEARCH AND DOCUMENTATION, PROVIDED SERVICES TO ARTISTS SUCH AS MENTORING AND PROFESSIONAL DEVELOPMENT PROGRAMS AND MARKETING AND PROMOTION SERVICES, CONNECTED RESOURCES, PEOPLE AND INFORMATION THROUGH PERIODIC GATHERINGS, WEBSITE (WWW ACTAONLINE.ORG), AND PROVIDED INFORMATION AND REFERRALS BOTH LOCALLY AND STATEWIDE. THE ORGANIZATION MADE CONTRACTS TO SUPPORT PROFESSIONAL DEVELOPMENT AND MENTORING OPPORTUNITIES TO MEET THE MOST PRESSING NEEDS OF FOLK AND TRADITIONAL ARTISTS AND ORGANIZATIONS AND PROVIDED PROFESSIONAL TECHNICAL ASSISTANCE TO THOSE ENGAGED IN PLANNING TRADITIONAL ARTS PROGRAMMING, PROVIDED CONTRACTS FOR MASTER TRADITIONAL ARTISTS TO TEACH AND ADVISE OTHER TRADITIONAL ARTISTS

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**4c** (Code ) (Expenses \$ 20,071 including grants of \$ ) (Revenue \$ )

THE NEW MOON MONTHLY E-NEWSLETTER BEGAN ON JUNE 29, 2003 TO ALERT RECIPIENTS ABOUT THE ACTIVITIES OF THE ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS. OTHER INFORMATION INCLUDED IN THE MONTHLY E-NEWSLETTER INCLUDE UPCOMING EVENTS, OPPORTUNITIES AND RESOURCES, GRANT ANNOUNCEMENTS, FUNDING LEADS, JOB ANNOUNCEMENTS, AND OTHER TRADITIONAL ART SUPPORT NEWS

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**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses \$ 663,125

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, Schedule of Contributors?

**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

**4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

**5** **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

**6** Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**9** Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

**10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

**11** Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- 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.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

**12** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

**12a** Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

**15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

**16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

**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

**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

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11</b>	Yes	
<b>12</b>	Yes	
<b>12a</b>	No	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20</b>		No

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		35	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O				

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	45
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	No
<b>4a</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)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	No
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	No
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	No
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	13	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	13	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		No
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>		No
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>		No
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		No

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ► CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 AMY KITCHENER  
 1245 VAN NESS AVE  
 FRESNO, CA 93721  
 (559) 237-9813

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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 from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
SOJIN KIM PHD Director	1 00	X					0	0	0
R EMETERIO CASTRO V/P-FINANCE/ADM	1 00	X		X			0	0	0
MELANIE BEENE Director	1 00	X					0	0	0
MALCOLM MARGOLIN Director	1 00	X					0	0	0
LIBBY MARYNARD Director	1 00	X					0	0	0
JOEL JACINTO Director	1 00	X					0	0	0
JO FARB HERNANDEZ Secretary	1 00	X		X			0	0	0
FRANK LA PEA Director	1 00	X					0	0	0
DEBORAH WONG PHD Director	1 00	X					0	0	0
DANIEL SHEEHY V/P-GOVERNANCE	1 00	X		X			0	0	0
CHIKE NWOFFIAH V/P-DEVELOPMENT	1 00	X		X			0	0	0
CHARLIE SEEMANN President	1 00	X		X			0	0	0
AMY ROUILARD Director	1 00	X					0	0	0
AMY KITCHENER Executive Direc	40 00			X			79,556	0	0

<b>1b Total</b>	79,556	
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

## Section B. Independent Contractors

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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____	205,265			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____	612,122			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►	817,387			
Program Service Revenue	<b>2a</b> MARIACHI WORKSHOPS	Business Code			
	<b>b</b> HEALTH STUDY MANAGEMENT		5,000	5,000	
	<b>c</b> CALIFORNIA DANCE NETWORK		21,764	21,764	
	<b>d</b> ADVISORY COUNCILS		1,500	1,500	
	<b>e</b> _____		500	500	
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►	28,764			
	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ►		4,079	4,079	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . ►		0			
<b>5</b> Royalties . . . . . ►		0			
<b>6a</b> Gross Rents	(I) Real	(II) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . ►		0			
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . . ►		0			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . . b					
<b>c</b> Net income or (loss) from fundraising events . . . ►		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . . b					
<b>c</b> Net income or (loss) from gaming activities . . . ►		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . . b					
<b>c</b> Net income or (loss) from sales of inventory . . . ►		0			
Miscellaneous Revenue	Business Code				
<b>11a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►	0				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . . ►	850,230	32,843			

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	295,772	295,772		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	92,420	92,420		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	79,556	39,778	19,889	19,889
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	136,343	106,827	17,338	12,178
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	32,547	22,350	5,319	4,878
10 Payroll taxes . . . . .	17,193	11,680	3,000	2,513
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	46,782		43,073	3,709
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	53,153	50,467	2,558	128
12 Advertising and promotion . . . . .	299	299		
13 Office expenses . . . . .	9,621	6,229	3,053	339
14 Information technology . . . . .	11,240		10,116	1,124
15 Royalties . . . . .	0			
16 Occupancy . . . . .	14,558		13,102	1,456
17 Travel . . . . .	35,324	25,323	9,000	1,001
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	2,736		2,463	273
24 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 )				
a TELEPHONE	7,220		6,498	722
b Printing and Publications	3,530	3,530		
c Postage and Shipping	3,154	3,154		
d MEETING EXPENSE	4,611	4,611		
e DUES & SUBSCRIPTIONS	4,256	685	3,214	357
f All other expenses	960		864	96
<b>25 Total functional expenses.</b> Add lines 1 through 24f	851,275	663,125	139,487	48,663
<b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> <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				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	158,960	<b>1</b> 296,975
	2 Savings and temporary cash investments . . . . .	529,302	<b>2</b> 533,260
	3 Pledges and grants receivable, net . . . . .	278,500	<b>3</b> 184,140
	4 Accounts receivable, net . . . . .	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	6	0
	7 Notes and loans receivable, net . . . . .	7	0
	8 Inventories for sale or use . . . . .	8	0
	9 Prepaid expenses and deferred charges . . . . .	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation . . . . .	10b	<b>10c</b> 0
	11 Investments—publicly traded securities . . . . .	11	0
	12 Investments—other securities See Part IV, line 11 . . . . .	12	0
	13 Investments—program-related See Part IV, line 11 . . . . .	13	0
	14 Intangible assets . . . . .	14	0
	15 Other assets See Part IV, line 11 . . . . .	15	0
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	966,762	<b>16</b> 1,014,375
Liabilities	17 Accounts payable and accrued expenses . . . . .	59,669	<b>17</b> 84,476
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	20,000
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	34,366	<b>25</b> 26,241
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	94,035	<b>26</b> 130,717
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	184,434	<b>27</b> 226,340
	28 Temporarily restricted net assets . . . . .	688,293	<b>28</b> 657,318
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	872,727	<b>33</b> 883,658
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	966,762	<b>34</b> 1,014,375

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		No

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

Employer identification number

02-0541202

**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 **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

e  **a**  Type I      **b**  Type II      **c**  Type III - Functionally integrated      **d**  Type III - Other

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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see 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 IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	595,863	608,677	705,437	1,025,084	817,387	3,752,448
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	595,863	608,677	705,437	1,025,084	817,387	3,752,448
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)						0
6 <b>Public Support.</b> Subtract line 5 from line 4						3,752,448

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	595,863	14,012	705,437	1,025,084	817,387	3,752,448
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,834	14,012	19,178	11,314	4,079	50,417
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 <b>Total support</b> (Add lines 7 through 10)						3,802,865
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 670 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 630 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<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 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 02-0541202  
**Name:** ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TELEPHONE	7,220		6,498	722
Printing and Publications	3,530	3,530		
Postage and Shipping	3,154	3,154		
MEETING EXPENSE	4,611	4,611		
DUES & SUBSCRIPTIONS	4,256	685	3,214	357

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

**Employer identification number**

02-0541202

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
1b Buildings . . . . .				
1c Leasehold improvements . . . . .				
1d Equipment . . . . .				
1e Other . . . . .				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

**Total** (Column (b) should equal Form 990, Part X, col (B), line 13)

**Part IX Other Assets.** See Form 990, Part X, line 15.

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**Total (Column (b) should equal Form 220, Part X, col (B) line 15)**

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

**Part X. Other Liabilities.** See Form 990, Part X, line 25.

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )** **26,241**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	850,230
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	851,275
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,045
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,045

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	850,230
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	850,230
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	850,230

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	851,275
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	851,275
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	851,275

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation

**Schedule I  
(Form 990)**

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

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

► Attach to Form 990

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

**Employer identification number**

02-0541202

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

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

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>
TRADITIONAL ARTS DEVELOPMENT	14	19,445			
SCHOLARSHIPS	16	3,975			
APPRENTICESHIPS	23	69,000			

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE ORGANIZATION RECEIVES REQUESTS FOR FUNDS FROM ITS APPLICANTS VIA WRITTEN REQUESTS BASED ON PREVIOUSLY ESTABLISHED CRITERIA. THE APPLICANT FURTHER ELABORATES ON THE PROPOSED USAGE OF REQUESTED FUNDS. THE APPLICANTS ARE THEN RANKED BY A PANEL OF IMPARTIAL EXPERTS AND GRANTS ARE AWARDED BASED ON THE APPLICANT SCORES. ALLOCABLE FUNDS ARE THEN ASSIGNED, BASED ON THE AVAILABLE POOL OF FUNDS ASSIGNED TO THIS ORGANIZATION, AND MONITORED THROUGH PERIODIC REPORTS AND FOLLOW-UP WITH THE APPLICANTS. THE ORGANIZATION'S ACCOUNTING TEAM THEN FURTHER ANALYZES THE FUND BALANCES AND CLASSIFICATION OF ALLOWABLE EXPENSES.

**Software ID:** 09000047  
**Software Version:** 2009v1.7  
**EIN:** 02-0541202  
**Name:** ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINNEMEM WINTU TRIBE 14840 BEAR MOUNTAIN RD REDDING, CA 96003			7,000	0			LIVING CULTURES PROGRAM
VOICE OF ROMAPO BOX 514 SEBASTOPOL, CA 95473	68-0437536		7,500	0			LIVING CULTURES PROGRAM
THE MUSIC CENTER 625 S MADISON AVE PASADENA, CA 91106	95-3719762		7,500	0			LIVING CULTURES PROGRAM
THE INK PEOPLE CENTER 517 3RD STE 36 EUREKA, CA 95501	94-3056179		7,500	0			LIVING CULTURES PROGRAM
STEPOLOGYPO BOX 420889 SAN FRANCISCO, CA 94142	51-0495491		7,500	0			LIVING CULTURES PROGRAM
SANGATI COMMUNITY CTR SO ASIAN MUSIC 3049 22ND ST SAN FRANCISCO, CA 94110	20-4774150		7,500	0			LIVING CULTURES PROGRAM
REACH LA 1400 E OLYMPIC BLVD STE 240 LOS ANGELES, CA 90021	95-4672865		7,500	0			LIVING CULTURES PROGRAM
PILIPINO WORKERS CTR OF SO CA 153 GLENDALE BLVD 2ND FL LOS ANGELES, CA 90026	77-0439301		7,500	0			LIVING CULTURES PROGRAM
OAKLAND ASIAN CULTURAL CENTER 388 9TH STREET STE 290 OAKLAND, CA 94607	94-2956048		7,500	0			LIVING CULTURES PROGRAM
NO CALIFORNIA DANCE COLLECTIVE 1442A WALNUT ST 254 BERKELEY, CA 94709	31-1621137		6,500	0			LIVING CULTURES PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NO CALIFORNIA CULTURAL COMPO BOX 650 HOOPA, CA 95546	68-0354644		7,500	0			LIVING CULTURES PROGRAM
NO AMERICAN GUQIN ASSOCAITON487 SEEMA CIRCLE UNION CITY, CA 94587	20-5263250		7,500	0			LIVING CULTURES PROGRAM
NA LEI HULU I KA WEKIU 1527 20TH ST SAN FRANCISCO, CA 94107	94-3228844		7,500	0			LIVING CULTURES PROGRAM
MEXICAN HERITAGE CORPORATION1700 ALUM ROCK AVE SAN JOSE, CA 95116	77-0184306		7,500	0			LIVING CULTURES PROGRAM
LIKHA-PILIPINO FOLK ENSEMBLE1511 JEFFERSON ST 207 OAKLAND, CA 94612	94-3172782		7,500	0			LIVING CULTURES PROGRAM
LA PENA CULTURAL CENTER3105 SHATTUCK AVE BERKELEY, CA 94705	94-2459560		7,500	0			LIVING CULTURES PROGRAM
KODO ARTS SPHERE AMERICAPO BOX 64-2904 LOS ANGELES, CA 90064	91-2159425		7,500	0			LIVING CULTURES PROGRAM
KLEZCALIFORNIA INC1728 ALLSTON WY BERKELEY, CA 94703	55-0824193		7,500	0			LIVING CULTURES PROGRAM
KAYAMANAN NG LAHI PHILIPPINE FA11338 BRADDOCK DR CULVER CITY, CA 90230	95-4476494		7,500	0			LIVING CULTURES PROGRAM
JEWISH COMMUNITY CTR EAST BAY1414 WALNUT ST BERKELEY, CA 94709	71-0995500		7,500	0			LIVING CULTURES PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JAPANESE CULTURAL FAIR 1942 HARPER ST SANTA CRUZ, CA 95062	31-1622733		7,500	0			LIVING CULTURES PROGRAM
GLOBAL WOMEN INTACT 1298 ELLIS ST SAN FRANCISCO, CA 94115	91-2068062		6,750	0			LIVING CULTURES PROGRAM
GARIFUNA AMERICAN HERITAGE FDTN UNITED 533 E 16TH ST STE B LONG BEACH, CA 90813	20-3669308		7,500	0			LIVING CULTURES PROGRAM
EVERYDAY MAGIC INCPO BOX 320026 SAN FRANCISCO, CA 94132	94-3175969		7,500	0			LIVING CULTURES PROGRAM
DIMENSIONS DANCE THEATER 1428 ALICE ST 3RD FL OAKLAND, CA 94612	23-7279914		7,500	0			LIVING CULTURES PROGRAM
DIAMANO COURAGE AFRICAN DANCE CO 1428 ALICE ST STE 201 OAKLAND, CA 94612	31-1630903		7,500	0			LIVING CULTURES PROGRAM
DANCE BRIGADE 3316 24TH ST SAN FRANCISCO, CA 94110	94-2976216		7,500	0			LIVING CULTURES PROGRAM
CITY OF SAN FERNANDO 117 MACNEIL ST SAN FERNANDO, CA 91340	95-6000779		7,500	0			LIVING CULTURES PROGRAM
CAMBODIAN COMMUNITY DEVELOPMENT INC 1900 FRUITVALE AVE 33B OAKLAND, CA 94602	94-3296213		7,500	0			LIVING CULTURES PROGRAM
BERKELEY SOCIETY FOR THE PRESERVATION 1111 ADDISON ST BERKELEY, CA 94702	94-2887073		7,500	0			LIVING CULTURES PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
BANTEAY SREI2025 E 12TH ST OAKLAND, CA 94606			7,500	0			LIVING CULTURES PROGRAM
ASIAN-AMERICAN RESOURCE CTR1115 SOUTH E STREET SAN BERNARDINO, CA 92408	33-0749876		7,500	0			LIVING CULTURES PROGRAM
ADVOCATES FOR INDIGENOUS CA LANGUAGE221 IDORA AVE VALLEJO, CA 94591	72-1584619		7,500	0			LIVING CULTURES PROGRAM
ACCESS INC2612 DANIEL SAN DIEGO, CA 92111	95-2422704		7,500	0			LIVING CULTURES PROGRAM



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 02-0541202  
**Name:** ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

**efile GRAPHIC print - DO NOT PROCESS** **As Filed Data -** **DLN: 93493136065941**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

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

Department of the Treasury  
Internal Revenue Service

**Employer identification number**  
02-0541202

**Name of the organization**

ALLIANCE FOR CALIFORNIA TRADITIONAL ARTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION DISCLOSES IT FINANCIAL DATA UPON REQUEST DURING REGULAR BUSINESS HOURS AND STAFFING IN ADDITION, THE ORGANIZATION PROVIDES ITS FINANCIAL AND MANAGEMENT DATA TO WWW.GUIDESTAR.ORG AND THE CALIFORNIA CULTURAL DATA PLAN

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	EMPLOYEE REVIEWS ARE CONDUCTED ANNUALLY TO DETERMINE PAY STRUCTURE AND BENEFITS THE STAFF/EMPLOYEES OF THE ORGANIZATION (INCLUDING THE EXECUTIVE DIRECTOR) DO NOT PARTICIPATE IN THE ACTUAL COMPENSATION REVIEW MEETING AND APPROVAL BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	EACH TIME A CONFLICT ARISES (OR MAY ARISE) THE APPROPRIATE BOARD MEMBER OR EMPLOYEE EXPLAINS THE POSSIBLE CONFLICT AND ABSTAINS FROM ANY DECISION

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE FINANCE COMMITTEE OF THE ORGANIZATION IS PRESENTED WITH A FINAL DRAFT COPY OF THE IRS FORM 990 FOR THEIR REVIEW AND COMMENT APPROXIMATELY A WEEK BEFORE IT IS ELECTRONICALLY FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	R EMETERIO CASTRO, CPA, PRESIDENT OF CASTRO ACCOUNTANCY CORPORATION, V/P OF FINANCE AND ADMINISTRATION FOR THE ORGANIZATION, PROVIDES TAX PREPARATION SERVICES AND/OR ACCOUNTING SERVICES TO THE ORGANIZATION AND EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
	Client Note1	FOOTNOTE 1 - ORGANIZATIONAL MISSION -----ACTA's mission is to ensure that California's future holds California's past ACTA promotes and supports ways for cultural traditions to thrive now and into the future by providing advocacy, resources, and connections for folk and traditional artists Folk and traditional artists are tradition bearers people who transmit what they believe, know, do and create with others who share a common heritage From Ohlone basketry and African-American quilt-making to cowboy poetry and Vietnamese opera, California is home to hundreds of diverse traditions