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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Γ	Addre	MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC.		ļ	
F	Name chang			68-0	570400
F	Initial		Room/suite		
F	Termir	1	r toom/suite	1	956-1323
⊢	ated Amen			G Gross receipts \$	329,688.
┌	return Applic			H(a) Is this a group re	
_	pendi	F Name and address of principal officer:R. JOHN LARGAY JR.	· · · · · · · · · · · · · · · · · · ·	for affiliates?	Yes X No
		9440 N. 26TH ST., PHOENIX, AZ 85028		H(b) Are all affiliates inc	
_	Tav.ov	empt status: X 501(c)(3) 501(c) ( )	or 527	1 ' '	list. (see instructions)
		e: ► WWW • MMMF • NET	JI J21	H(c) Group exemption	
		organization: X Corporation	I Voor		A State of legal domicile: AZ
	art I	Summary	L Teal	oriormation. ZOOZ	A State of legal dofficile: AZ
Ŀ	<del>, '</del>		TIME CD X	ME AND CITED	ODM MITE
9	1	Briefly describe the organization's mission or most significant activities: TO IN		TE AND SUPP	ORT THE
ā		COMMUNITY, THE ARTS AND THE UNDERPRIVILED		U 0504 4 1 1	<del></del>
Activities & Governance	2	Check this box  if the organization discontinued its operations or dispos	sea ot more	1	_
é	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	2
વ્ય	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	2
Ees	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	•	<u>5</u>	0
≅	6	Total number of volunteers (estimate if necessary)		. 6	250
ĄĊ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·	7b	0.
				Prior Year	Current Year
, e	8	Contributions and grants (Part VIII, line 1h)		<u>17,350.</u>	144,650.
ליחי≽ Sevent	9	Program service revenue (Part VIII, line 2g)		125,201.	172,175.
くりん Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	0.
э <u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	.	6,908.	4,497.
·	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>149,459.</u>	321,322.
i	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	30,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> 39.                                   </u>	·	
ш	1 1/	Other expenses (Part IX, column (A), lines 1 <u>1a-11d</u> , 11f-24e)		195,333.	267,196.
	18	Total expenses. Add lines 13-17 (must equal PartilX, column (A); line 25)		195,333.	297,196.
	19	Revenue less expenses. Subtract line 18 from line 12-CETVED		<45,874.	> 24,126.
Net Assets or	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	. [	19,825.	8,961.
A Seg	21	Total liabilities (Part X, line 26)	. $\square$	59,679.	24,689.
35	22	Net assets or fund balances Subtract line 21 from line 20		<39,854.	
P	art II	Signature Block			
Unc	ler pena	ties of perjury, Loedare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		* + 1// //// /// // // // // // // // // //		16-5	112
Sig	ın	Signature of price		Date	
He		R. JOHN HARGAY JR.			
		Type or print name and title			
		Print/Type preparer's name Preparer's significance		Date / Check	PTIN
Pai	d	CORD D. ARMSTRONG	ney.	5/50/2 If self-employ	~
	parer	Firm's name CBIZ MHM, LLC		Firm's EIN	34-1884125
	Only	Firm's address 3101 N. CENTRAL AVE., STE. 300		THIII S EIN	24-T004T73
030	<b>y</b>	PHOENIX, AZ 85012		Dhana na G	02_264_602E
N.4.		- ·	· ·	Phone no. 6	02-264-6835
<u>ıvıa</u>	y tri <del>o</del> il	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Da	rt III   Statement of Program Service Accomplishments	<u> </u>
га	<del></del>	
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:	—
•	ORGANIZING AND/OR PROMOTING MUSIC FESTIVALS, CONCERTS, AND SIMILAR	
	MUSIC APPRECIATION ACTIVITIES AMONG FAMILY MEMBERS AND MUSIC'S ROLE IN	_
	THE CREATION AND DEFINITION OF ARIZONA'S CULTURE AND EDUCATION.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the pnor Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.	
4a	(Code) (Expenses \$ 269,958. including grants of \$ 30,000.) (Revenue \$ 172,175	•
	TO CONNECT THE COMMUNITY THROUGH A FESTIVAL GATHERING INCLUDING	
	MUSIC, ARTS AND FOOD; TO ENTERTAIN THE COMMUNITY, COMPANIES AND	
	THEIR EMPLOYEES; TO EDUCATE THE UNDERPRIVILEGED; TO SUPPORT THE	
	ARTS IN AN EFFORT THAT THEY MAY GROW AND EXIST FOR FUTURE	
	GENERATIONS TO ENJOY; AND TO PROVIDE FINANCIAL SUPPORT AND	
	EDUCATION TO FAMILY BASED CHARITIES IN AN EFFORT TO PROVIDE	
	EQUITABLE ADVANCEMENT FOR THE UNDERPRIVILEGED.	
lb.	(Code) (Expenses \$ including grants of \$) (Revenue \$	
+1.5	(Code) (Expenses \$ including grants of \$) (Revenue \$	—
		_
		_
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		_
		_
		_
		_
ŀd	Other program services (Describe in Schedule O.)	
 4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 269,958.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.	-		ļ.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		]	
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		-	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	(2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	_	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	

	1990 (2011) MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC 68-05/0	400	Р	age :
Pa	rt V Stàtements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	
	5. 11 1 11 5 0 75 1000 5 1 0 11 1 1 1 1 1 1 1 1 1 1 1 1	<del>-</del>	Yes	No
_			-	-
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	•		
С		Ī-		
_	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	•	-	
	filed for the calendar year ending with or within the year covered by this return  2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	-	۱.,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_	-	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b		_5b		X
		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠
	any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>.</b>
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly to pay promume on a personal hopefit contract?	<b>-</b> -		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		-
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			,
9	Sponsoring organizations maintaining donor advised funds.	8		
_	Did the organization make any taxable distributions under section 4966?	00		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	-	
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12		]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-	
	amounts due or received from them.)			-
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<del> </del>	
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		_
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		- '	
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b			
140	• •	44-		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in School In Co.	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	ì

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

	to line da, ob, or rob below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<del></del>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
4.	Catas the number of voting members of the accomise head, at the and of the Account		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are meterial differences in voting rights among members of the government and the covernment.	4 -		۲.
	If there are material differences in voting rights among members of the governing body, or if the governing	-,	-	-
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		-	- 1
D	Enter the number of voting members included in line 1a, above, who are independent  1b  2	4	-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		- T	•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	X	
3	of officers, directors, or trustees, or key employees to a management company or other person?			v
4		3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization is assets?  Did the organization have members or stockholders?	5_	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	_ A	
/ a	more members of the governing body?			v
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
U	persons other than the governing body?			v
		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?		<b>.</b>	7
a		8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
000	tion D. I offices [This Section B requests information about policies not required by the internal nevertide Code.]		V	NI-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	'	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_^_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	100	•	
13	Did the organization have a written whistleblower policy?	12c		X
14	Did the organization have a written whisheblower policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	150		v
h	Other officers or key employees of the organization	15a 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<u>, ~ ~ </u>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
. 76	tayable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			٠
	avament atatus with respect to such amendances	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
. •	for public inspection. Indicate how you made these available. Check all that apply	a v cuitati		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncıəl	
.5	statements available to the public during the tax year	iu ilitat	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:		
	JOHN LARGAY - 602-956-1323	KIOII.		
	9440 N. 26TH ST., #100, PHOENIX, AZ 85028			
132006		Form	990 /	2011\

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	f box, unless person is bot officer and a director/trus				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) R. JOHN LARGAY											
PRESIDENT	3.00	X		X	<u> </u>			0.	0.		
(2) GLENN LEIER VICE PRESIDENT	2.00	x		х				0.	0.		
		_									
		-									
		-	-	-					- ,		
		-									
	-										
			_						<u> </u>		
			-	-							
		_									
							-				

Form **990** (2011)

### 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).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				-
	organizations in the United States. See Part IV, line 21	30,000.	30,000.		
2	Grants and other assistance to individuals in				are m I m
	the United States. See Part IV, line 22			* *	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				1
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,				
6	trustees, and key employees				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	044				
8	Pension plan accruals and contributions (include				·
٠	section 401(k) and section 403(b) employer contributions)				
9	Other employee hanefite				
10	Payroll taxes				,
11	Fees for services (non-employees):				
а	Management				
b	Legal				<del></del>
c	Accounting	800.		800.	<del></del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			-	· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other	2,112.	2,112.		
12	Advertising and promotion	31,954.	28,815.		3,139
13	Office expenses	16,904.	107.	16,797.	
14	Information technology	441.	441.		
15	Royalties				
16	Occupancy	14,833.	14,833.		
17	Travel	1,205.	1,153.	52.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<del> </del>
22	Depreciation, depletion, and amortization	4 555			<del></del>
23	Insurance	1,735.		1,735.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			-	= 1 - pr
	amount, list line 24e expenses on Schedule 0.)		, ,		
а	MUSIC & ENT. EXPENSES	146,013.	146,013.		
b	VARIOUS EVENT EXPENSES	15,908.	15,908.		
C	SOD	14,432.	14,432.		
d	SECURITY	11,745.	11,745.		
е	All other expenses	9,114.	4,399.	4,715.	
25	Total functional expenses. Add lines 1 through 24e	297,196.	269,958.	24,099.	3,139
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

68-0570400 Page 11

		<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,825.	1	8,961
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II	*		
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,	-	- ·
i	employers and sponsoring organizations of section 501(c)(9) voluntary			•
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7	Inventories for sale or use		8	·
9	Prepaid expenses and deferred charges	15,000.	9	C
1 -	Land, buildings, and equipment: cost or other	13,000.	3	
'0"	basis. Complete Part VI of Schedule D 10a	1 	1	
Ь	Less accumulated depreciation 10b	).	10c	
11				·
12	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	···
13	Investments - program-related. See Part IV, line 11		12	
1	· · · · · · · · · · · · · · · · · · ·		13	
14	Intangible assets		14	
15	· · · · · · · · · · · · · · · · · · ·	19,825.	15	0 061
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,043.	16	8,961
17	Accounts payable and accrued expenses		17	
18 19	Grants payable		18	
20	Tay assessed board Bahdibas	<del> </del>	19	<del>-</del>
- 1	· · · · · · · · · · · · · · · · · · ·			
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,	•		<del>-</del>
İ	highest compensated employees, and disqualified persons. Complete Part II of Schedule L	E0 670		24 600
1	· · · · · · · · · · · · · · · · · · ·	59,679.	22	24,689
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 (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	E0 C70	25	24 606
26	Total liabilities. Add lines 17 through 25	59,679.	26	24,689
	Organizations that follow SFAS 117, check here and complete	4 1 <sub>0</sub>		-
	lines 27 through 29, and lines 33 and 34.			,
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	. <u>.                                   </u>
29	Permanently restricted net assets	<del></del>	29	
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.	· · · · · ·		
30	Capital stock or trust principal, or current funds	0.	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	<39,854.		<u> &lt;15,728</u>
33	Total net assets or fund balances	<u> &lt;39,854.</u>	>33	<u>&lt;15,728</u>
34	Total liabilities and net assets/fund balances .	19,825.	34	8,961

Form **990** (2011)

Form	990 (2011) MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC	68-057	0400	Pag	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets	-						
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32:	1,3	22.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	7,1	96.			
3	Revenue less expenses. Subtract line 2 from line 1	3	2	4,1	26.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<3	9,8	<u>54.</u> >			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<1	5,7	28.>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
	<u>_</u>			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1	·	, ,			
2a	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?		2b		X			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			Į			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>.</u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		• •	'			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	- ;					
	separate basis, consolidated basis, or both:		'		l			
	Separate basis Consolidated basis Both consolidated and separate basis		1		l			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	ngle Audit			l			
	Act and OMB Circular A-133?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form 9	<b>990</b> (	2011)			

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC Employer identification number 68-0570400

Pa	art 🛭 -	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The	organ			because it is: (For lines			_						
1			<u>-</u>	s, or association of chur	_	-	•	•	١.				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	一			tal service organization	•		170/5)(1)	(A)(iii)					
4	一								/hV 1VAVii	ii\ Entert	the boson	al'e nan	ne
•		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		• •		benefit of a college or u	niversity o	wned or o	nerated by	/ a governi	mental uni	it describ	ed in		
J			(b)(1)(A)(iv). (Comple		involuty o	·····oa o, o,	porated by	a govern	meritai uni	it describ	eu III		
6				ent or governmental uni	t decembe	d in access	- 470/b)/-	4\/A\/\					
7	$\mathbf{x}$			eives a substantial part					u fram tha		مام ماطريس		
•	نما				or its supp	ort from a	governme	ental unit c	ar iroin ine	general	public de	scribea	ın
		section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	품												
9	ب			eives: (1) more than 33									
				nctions - subject to certa							_		
				axable income (less sec	tion 511 ta	ex) from bu	isinesses a	acquired b	y the orga	enization	after June	30, 19	75.
			509(a)(2). (Complete	•									
10	$\vdash$	_		perated exclusively to te	-	•							
11	ш			perated exclusively for the						-			or
				ations described in secti				2). See <b>se</b> c	ction 509(	a)(3). Che	eck the b	ox that	
				organization and compl	_	_				_	٦		
		a Type			с 📖 Тур					d	J Type III		
е				t the organization is not		_	_	-		-	-		
				han one or more publicly						9(a)(1) or	section 5	09(a)(2).	
f		_		ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		•	rganization, check th	• •				•	•				
g				organization accepted ar			-						<del>,</del>
		(i) A perso	n who directly or ind	irectly controls, either al	ione or tog	ether with	persons o	lescribed	ıກ (ii) and (	iii) below,		Yes	No
		the gov	erning body of the si	upported organization?							11g(	i)	<u> </u>
		(ii) A family	member of a persor	n described in (i) above?	•						. 11g(i	i)	<u> </u>
		(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?				-	11g(i	ii)	
h		Provide the f	ollowing information	about the supported or	ganizatıon	(s).							
(i)		e of supported (ii) EIN (iii) Type of organization				(iv) Is the organization (v) Did you notify the				(vi) Is the organization in col.			of
	orga	anization		(described on lines 1-9						ed in the l	S	upport	
				above or IRC section				1	U.S	<del></del> -			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u>.</u>	<u> </u>							
			-	. <u>.</u>		ļ							
						<u> </u>							
										<u>                                      </u>			
								<del></del>					
									L				
					-								
Tota	ıl				<u> </u>	<u> </u>			, ,				

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990 EZ) 2011 MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC 68-0570400 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and					-1-7	
	membership fees received. (Do not						
	include any "unusual grants.")	563,470.	525,627.	341,459.	17,350.	144,650.	1,592,556.
2	Tax revenues levied for the organ-		•	•			
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<del></del>
	furnished by a governmental unit to	İ					
	the organization without charge						
4	Total. Add lines 1 through 3	563,470.	525,627.	341,459.	17,350.	144,650.	1,592,556,
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		_	r e			
	amount shown on line 11,	,				,	
	column (f)		,		-		120,119.
6	Public support. Subtract line 5 from line 4		-		3	,	1,472,437,
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	563,470.	525,627.	341,459.	17,350.	144,650.	1,592,556,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		6,065.				6,065.
9	Net income from unrelated business						
	activities, whether or not the	i					
	business is regularly carned on						
10	Other income. Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part IV)			4,262.			4,262.
11	Total support. Add lines 7 through 10					,	1,602,883,
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,297,582.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here		·		· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2011 (i	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	91.86 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	94.07 %
16a	33 1/3% support test - 2011. If the c	organization did no	t check the box o	n line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on !	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation	•		▶□
17a	10% -facts-and-circumstances test	<b>t - 2011.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop he	ere. Explain in Pai	t IV how the organ	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	t - 2010. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization o	jualifies as a public	ly supported orga	inization	. ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>.      </u> ▶□
_			<del></del>		Sche	dule A (Form 990	or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization failed	s to
qualify under the tests listed below, please complete Part II.)	

50	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)	<del></del>	<del></del>	<del></del>	
			Τ	<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 bus- iness under section 513						
4	Tax revenues levied for the organ-					<del> </del>	
•	ization's benefit and either paid to or expended on its behalf		:				
5	The value of services or facilities					1	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received		<u> </u>				
D	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						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				ļ		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here	<u> </u>	<del></del>		<u></u>		
<u>Sec</u>	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2011 (li	ne 8, column (f) d	livided by line 13, o	olumn (f))	•	15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>11</b> (line 10c, colur	mn (f) divided by lir	e 13, column (f))		17	%
18	Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3% check						and
<b>2</b> 0	line 18 is not more than 33 1/3%, chec		-			<del>-</del>	
<u> </u>	Private foundation. If the organization	i dia not check a	DOX OH IIIIB 14, 19	a, Or 190, CHECK T	II BOS DITE YOU SEE	istructions ,	· PL

SCHEDULE I (Form 990)			Grants and	Other Assistance	Grants and Other Assistance to Organizations,	,		OMB No 1545-0047	1
Department of the Treasury Internal Revenue Service		Сотр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" to Fo  Attach to Form 990.	in the Office Stat to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	
l≝ ⊦	MCDOWELL MOUNTAIN		MUSIC FESTIVAL	VAL, INC				Employer identification number 68 - 057040	1
1 Does the organiz	Teneral information on Grants and Assistance  Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	nd Assistance o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the selecti	uo	1
	criteria used to award the grants or assistance?	stance?					•	X Yes	0
影	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant	funds in the United	States.				1
Fart II Grants and recipient the	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. Part II can be duplicated if additional space is needed	Governments and \$5,000. Check this	d Organizations in the box if no one recipien:	• United States. Control of the cont	omplete if the orga an \$5,000. Part II	inization answered "Y can be duplicated if a	es" to Form 990, Part I' Idditional space is need	V, line 21, for any ► F	_
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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	ł
PHOENIX DAY									1
115 E TONTO STREET PHOENIX, AZ 85004	T.	86-0096782	501(C)(3)	15,000.	0		щ	PROGRAM SUPPORT	!
EAR CANDY 200 E CURRY ROAD, LOWER LEVEL TEMPE. AZ 85281	LOWER LEVEL	26-1477597	501(C)(3)	15 000	0		φ.	PROGRAM SUPPORT	
		ĺ							1
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									1
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				2	•
LHA For Paperwork	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2011)	1=

Page 2 (f) Description of non-cash assistance 68-0570400 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed PART I, LINE 2: THE ORGANIZATION HAS A REVIEW PROCESS IN PLACE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. CONDUCTED BY THE BOARD OF DIRECTORS AND THE SELECTION OF AWARDS IS BASED FOR WHO IS THE BEST CANDIDATE FOR ITS CAUSE EACH YEAR. INTERVIEWS ARE (d) Amount of non-cash assistance MCDOWELL MOUNTAIN MUSIC FESTIVAL, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance UPON THE INTERVIEWS. Schedule I (Form 990) (2011) SCHEDULE I Part III

Schedule I (Form 990) (2011)

25

132102 01-27-12

### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**Open To Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization		•			<u> </u>			mploye	r identii	fication r	number	
MC	CDOWELL M	OUNT	AIN MI	JSIC FE	STIVAL, INC		. 1	68-05	7040	00		
<del></del>					n 501(c)(4) organization							
	ganization answe	red "Yes	on Form	990, Part IV,	line 25a or 25b, or For	<u>m 990-l</u>	Z, Part	V, line 40	0b	<del>,</del>		
1 (a) Name of d	lisqualified persor	า		(b) Description of transaction						(c) Corrected?		
	<del>-                                    </del>		<del>.</del>	<u> </u>				_		Yes	No	
		-									ļ <u></u> -	
			<u> </u>								-	
		****			· <del>-</del> ·			-		<del>                                     </del>		
						-						
2 Enter the amount of tax im	posed on the org	anızation	manager	s or disqualifi	ed persons during the	year ur	der				·	
section 4958						•		▶ \$				
3 Enter the amount of tax, if	any, on line 2, ab	ove, reim	bursed by	the organiza	ition .			▶ \$				
Ded III I am de				<del></del>					_			
Part II Loans to and/												
					ine 26, or Form 990-E				proved	т—	<del></del>	
			nal principal nount	(d) Balance due	(e) In default?		(f) Approved by board or		(g) Written agreement?			
			1 -						committee?		· · · · · ·	
SEE PART V X		From	59,679.		24,689.	Yes	No X	Yes	No	Yes	No X	
DIII LIMIT V			<del> :</del>	,,,,,,,	24,000.			1		+ -		
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			<u> </u>					ļ		<b></b>		
					24 522				L	<b></b> _		
Total Part III   Grants or Assi	stance Bone	fiting l	atorosto	d Porcon	24,689.					Ь		
		-										
Complete if the org		eu res			en interested person a	and		(a) Am	ount or	d tupo e		
(a) Hamo of interested	2 person		(D) Holati		ganization	ariu			assistar	id type of ice	,	
	·				<del> </del>							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	(b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	١
					_
				<del>  </del>	
		<del></del>			_
V Supplemental Information					L
	ional information for responses to questions	s on Schedule L (see	instructions).		
<u>EDULE L, PART II, LOA</u>	NS TO AND FROM INTERES	STED PERSON	NS:		
NAME OF PERSON: WESPA	C CONSTRUCTION - 75%	אי אין מאוער	OHN LARGAY		
William Of Faltboll. Walders	COMBINECTION 750	SWINED DI GO	JIII LIII(GHI		
PURPOSE OF LOAN: OPER	ATING FUNDS				
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					-
					-

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC

Employer identification number 68-0570400

FORM 990, PART VI, SECTION A, LINE 2: R. JOHN LARGAY AND GLENN LEIER HAVE
A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 6: PER THE ARTICLES OF INCORPORATION,
THE ORGANIZATION SHALL HAVE MEMBERS AND THE QUALIFICATIONS AND CLASSES OF
MEMBERS SHALL BE SET FORTH IN THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY THE BOARD PRIOR TO BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S ARTICLES OF
INCORPORATION, BYLAWS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

### Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			$\mathbf{x}$	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed For	m 8868.		
Electron	ic filing (e-file), You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With Ce	ertain	
	Benefit Contracts, which must be sent to the IRS in pap	-					
	r.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I onl	y				▶	· 🔲	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
to file ınc	ome tax returns.				<del></del>		
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	identification num	ber (EIN) or	
print							
	MCDOWELL MOUNTAIN MUSIC FE	STIVA	L, INC	X	68-057040	00	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN	۷)	
filing your return See	9440 N. 26TH ST., #100			]		<u>.                                      </u>	
instructions	City, town or post office, state, and ZIP code For a for	oreign add	ress, see instructions.				
	PHOENIX, AZ 85028						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		<b>.</b>	A 12			I D	
Applicati	on	Return		Return			
Is For	<del></del>	Code	Is For	Code			
Form 990         01         Form 990-T (corporation)         07           Form 990-BL         02         Form 1041-A         08							
Form 990		02 01	Form 1041-A Form 4720			09	
Form 990	-	04	Form 5227		<u>-</u>	10	
Form 990	7-FF 7-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	7-1 (sec. 401(a) or 406(a) trust) 0-T (trust other than above)	06	Form 8870		<del></del>	12	
FORIII 990	JOHN LARGAY	1 .00	1 0(1) 0070				
• The b	books are in the care of <b>9440 N. 26TH S</b>	r. #1	100 - PHOENTY AZ	85028			
	none No. ► 602-956-1323	1 · , 11 ·	FAX No	03020			
•	organization does not have an office or place of business	e in the l lr					
	is for a Group Return, enter the organization's four digit			 If this is for	the whole group	check this	
box 🛌	. If it is for part of the group, check this box	-	ich a list with the names and ElNs o				
	quest an automatic 3-month (6 months for a corporation				OTO CHO GALORIGIOTA	3 101.	
			tion return for the organization nam		The extension		
is f	or the organization's return for:	<b>.</b>					
	X calendar year 2011 or						
•	tax year beginning	. an	d ending				
-	<u> </u>	·			<del></del>		
2 If t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	imated tax payments made. Include any prior year overp	-		3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	•	· · · · ·	3с	\$	0.	
_	If you are going to make an electronic fund withdrawal			orm 8879-	EO for payment ins		
	or Privacy Act and Paperwork Reduction Act Notice,				Form <b>8868</b> (F		

123841 01-04-12