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99.0-EZ

Department of the Treasury

Short Form 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)

(except black lung benefit trust of private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

OMB No 1545-1150 2012

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service . 20 For the 2012 calendar year, or tax year beginning 2012, and ending D Employer identification number Name of organization Check if applicable Address change 20-5326582 Solar Culture Gallery Inc Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Name change Initial return (520)884-0874 Terminated 31 E Toole Ave City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > Application pending Tucson AZ 85701-1209 H Check ► 🔯 if the organization is **not** Accounting Method ☐ Cash ☐ Accrual Other (specify) required to attach Schedule B Website: ▶ J Tax-exempt status (check only one) - x 501(c) (3) ☐ 501(c)() ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) K Check | Grant of the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 154,623 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 9,743 2 2 Program service revenue including government fees and contracts 144,880 3 Membership dues and assessments 3 4 4 Investment income Gross amount from sale of assets other than inventory **b** Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events Net prome or (less) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross-sales of inventory, less felturns and allowances 7a 7c Other revenue (desembe in Schedule O) 8 8 Total revenue. FApo lines 1 2, 3, 4, 5c, 6d, 7c, and 8 q ٩ 154,623 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 12 1,070 13 13 Professional fees and other payments to independent contractors 5,143 14 Occupancy, rent, utilities, and maintenance 14 151,114 15 Printing, publications, postage, and shipping 15 69 16 Other expenses (describe in Schedule O) 16 17 17 Total expenses. Add lines 10 through 16 157,396 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (2,773)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 10,846 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 .073 Я

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

| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | | Yes | No |
|------|---|------|--------------|----------|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | Х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O (see instructions) | 34 | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | ļ | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 1 | ł | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| | any such toans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | ł | | |
| b | · · | ł | | ĺ |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 , section 4912 , section 4955 | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | 1 | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | | | 37 |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| a | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | 1 | | |
| | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | 1 | 1 | |
| • | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed AZ | 400 | 1 | 1 22 |
| 42 a | | 84-0 | 874 | |
| 72 4 | Located at 31 E Toole Ave Tucson, AZ ZIP+4 85701 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | - 1 | |
| | and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | <u>X</u> |
| | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here | | > | ٠ _ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | ļ | |
| | completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | 1 | |
| | completed instead of Form 990-EZ | 44b | <u> </u> | <u> </u> |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | ļ | X |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | ↓ | <u> </u> |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| 45 b | | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | 1 | |
| | Form 990-EZ (see instructions) | 45b | 1 | X |

| Form 9 | 90-EZ (201; | Solar Culture Ga | llery Inc | | | | 20-53 | 326582 | _ | Page 4 |
|---------|---------------|--|------------------------------------|---------------------|-------------------------|--|------------------|--------------|-------------|-------------|
| | • | | | • | | | | | Yes | No |
| 46 | Did the d | organization engage, directly or indirectly, in | political campaign activiti | es on behalf | of or in oppo | sition | | 1 | | |
| | to candid | dates for public office? If "Yes," complete So | chedule C, Part I | <u></u> | <u></u> | | <u> </u> | . 4 | 6 | X |
| Par | | Section 501(c)(3) organizations (| | | - | | | | | |
| | <i>F</i> | All Section 501(c)(3) organizations | must answer quest | tions 47-4 | 9b and 52 | 2, and com | plete the t | ables f | or line: | S |
| | 5 | 50 and 51 | | | | | | | | |
| | | Check if the organization used Sch | nedule O to respond | l to any વા | iestion in | this Part V | l <u></u> | | | <u>. 🗆 </u> |
| | | | | | | | | | Yes | No |
| 47 | Did the d | organization engage in lobbying activities or | have a section 501(h) ele | ction in effec | t during the | tax | | | | |
| | vear? If | 'Yes," complete Schedule C, Part II | | | | | | . 4 | 7 | X |
| 48 | • | ganization a school as described in section | 170(b)(1)(A)(ıı)? If "Yes." | complete Sc | hedule E | | . . | 4 | 8 | X |
| 49a | | organization make any transfers to an exemp | | | | | . . | 49 | a | X |
| b | | was the related organization a section 527 (| | _ | | | | . 49 | 3b | 1 |
| 50 | | e this table for the organization's five highes | | s (other than | officers, dire | ectors, trustee | es and kev | | | |
| 50 | | es) who each received more than \$100,000 | | | | | | | | |
| | ciripioye | cas who cast reserved more than \$100,000 | | | | (d) Health t | | | - | |
| | | (a) Name and title of each employee | (b) Average | (c) Rep | | contributions t | o employee | | | |
| | | paid more than \$100,000 | hours per week devoted to position | | ensation /1099-MISC) | benefit plans, a compen | | othe | compens | ation |
| | | | | (- - | | | | | | |
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| f | | mber of other employees paid over \$100,00 | | | | - | | | | |
| 51 | | e this table for the organization's five highes | | | ors who each | received mo | re than | | | |
| | \$100,00 | 0 of compensation from the organization If | there is none, enter "Non | e" | | | | | | |
| (a) | Name and | address of each independent contractor paid more than | \$100,000 | (ь |) Type of service | e | (c |) Compens | ation | |
| | | | | | | | ··· | | | |
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| NON | E | | | | | | | | | |
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| | - | | 2422 222 | <u> </u> | | | | | | |
| | | mber of other independent contractors each | • | | 40.47(-)/4) | | | | | |
| 52 | | organization complete Schedule A? Note: A | • | | | | _ | . 67 . | | |
| | | npt chantable trusts must attach a complete | | | | | | <u> </u> | ′es ∐ | No |
| | | perjury, I declare that I have examined this return, include | | | | my knowledge ar | id belief, it is | | | |
| true, c | orrect, and o | complete Declaration of preparer (other than officer) is be | pased on all information of which | preparer has an | y knowledge | <u> </u> | | | | |
| 0: | _ | | | | | Date | 07-28- | -2013 | | |
| Sig | | Signature of officer | | | | | 7.20 | 42013 | | |
| Her | e | Gary Brostek, Secretary | | | | | 1 • 28 | 4201 | <u> </u> | |
| | <u>.</u> j_ | Type or print name and title | | | | | | · · · · · | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | 1 | heck 🔲 if | PTIN | | |
| Paid | | Anthony Harrington | | | 07-28-20 |)13 | elf-employed | 20031 | 6820 | |
| Prep | arer | Firm's name Clear View Busin | ness Solutions | | | Firm's E | IN ► | | | |
| Use | Only | nly Firm's address 7530 North La Cholla Blvd | | | | | | | | |
| | | Tucson AZ 85741 | | | | Phone r | <u> </u> | 544-01 | .77 | |
| May | the IRS d | scuss this return with the preparer shown a | bove? See Instructions | | | | | ► □ ` | res 🗌 | No |
| | | | | | | | | Form | 990 E7 | (2012) |

Page 4

SCHEDULE A

(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.

2012

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

| <u>Sol</u> | ar | Culture Galler | | | | | | | | 326582 | | | |
|------------|---|----------------------------------|-----------------------|---|--------------------------------|--------------|--------------|--------------|---------------------------|------------|--------------|---------|--------|
| Pa | rt I | Reason for P | ublic Charity | Status (All organiz | ations m | ust com | plete this | s part) S | See instr | uctions. | | _ | |
| The | 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 as | sociation of churches de | scabed in s | ection 17 | 0(b)(1)(A)(| i). | | | | | |
| 2 | | A school described in | section 170(b)(1) | (A)(ii). (Attach Schedule | €) | | | | | | | | |
| 3 | | A hospital or a coope | rative hospital serv | rice organization describi | ed in secti c | n 170(b)(| 1)(A)(iii). | | | | | | |
| 4 | | | | | | | | | | | | | |
| | | hospital's name, city, and state | | | | | | | | | | | |
| 5 | | An organization opera | ated for the benefit | of a college or university | owned or | operated b | y a govern | mental un | t describe | d in | - | | |
| | | section 170(b)(1)(A) | | | | | | | | | | | |
| 6 | | | | governmental unit descri | ibed in sect | ion 170(b |)(1)(A)(v). | | | | | | |
| 7 | | An organization that r | normally receives a | substantial part of its su | pport from | a governm | nental unit | or from the | general p | ublic | | | |
| | | described in section | | | | _ | | | | | | | |
| 8 | | A community trust de | scribed in section | 170(b)(1)(A)(vi). (Comp | lete Part II |) | | | | | | | |
| 9 | X | An organization that r | normally receives | (1) more than 33 1/3% o | f its support | from cont | inbutions, r | nembersh | p fees, and | d gross | | | |
| | | = | | mpt functions - subject to | | | | | | | | | |
| | | support from gross in | vestment income a | and unrelated business to | axable inco | me (less s | ection 511 | tax) from I | businesses | 3 | | | |
| | | acquired by the organ | nization after June | 30, 1975 See section 5 | 09(a)(2). (C | omplete P | Part III) | | | | | | |
| 10 | | An organization organ | nized and operated | exclusively to test for pu | ublic safety | See secti | ion 509(a)(| (4). | | | | | |
| 11 | | An organization organ | nized and operated | exclusively for the bene | fit of, to per | form the fu | unctions of | , or to carr | y out the | | | | |
| | | purposes of one or m | ore publicly suppor | rted organizations descri | ibed in sect | on 509(a) | (1) or secti | on 509(a)(| 2) See se | ction | | | |
| | | 509(a)(3). Check the | box that describes | the type of supporting o | rganization | and comp | lete lines 1 | 1e through | 11h | | | | |
| | | a Type I | b ☐ Type | ell c Type | III-Function | ally integra | ated | d 🗍 | Type III- | Non-funtio | nally inte | grated | |
| е | | By checking this box, | I certify that the or | ganization is not controll | | | | more disc | ualified pe | ersons | | | |
| | | other than foundation | managers and oth | er than one or more pub | olicly suppor | ted organi | zations de | scribed in | section 50 | 9(a)(1) | | | |
| | | or section 509(a)(2) | _ | | | _ | | | | | | | |
| f | | If the organization red | ceived a written det | ermination from the IRS | that it is a | Гуре I, Тур | e II, or Typ | e III supp | orting | | | | |
| | | organization, check the | his box · · · · | | | | | | | | | | . 🗌 |
| g | | Since August 17, 200 | 6, has the organiza | ation accepted any gift of | r contributio | n from any | y of the | | | | | | |
| | | following persons? | | | | | | | | | | | |
| | | (i) A person who d | rectly or indirectly | controls, either alone or | together wit | h persons | described | ın (ıı) and | | | | Yes | No |
| | | (III) below, the g | overning body of th | e supported organization | n? . | | | | | | 11g(i) | | |
| | | (ii) A family member | er of a person desc | nbed in (i) above? | | | | | | | 11g(iı) | | |
| | | (iii) A 35% controlle | d entity of a persor | described in (i) or (ii) at | oove? . | | | | | | 11g(iii) | | |
| h | | Provide the following | information about | the supported organization | on(s) | | | | | | | | |
| | (i) N | ame of supported | (II) EIN | (iii) Type of organization | (IV) Is the or | - | (v) Did yo | - | (vi) ! | | (vii) Amou | | netary |
| | | organization | | (described on lines 1-9 above or IRC section | in col (i) list governing d | | the organi | | organizati (i) organiz | | ' | support | |
| | | | | (see instructions)) | gevenning | | | port? | (,, -, g, | | _ | | |
| | | | | | Yes | No | Yes | No | Yes | No | <u> </u> | | |
| (A) | | | | | | | | | 1 | | | | |
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20-5326582

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010(d) 2011 (e) 2012 Amounts from line 4 · · · · · · · · 7 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this \Box box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization П 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

| Sec | tion A. Public Support | | | | | | |
|------|--|---|---------------------|-----------------------|---------------------------------------|-----------|--------------------------|
| Cale | ondar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | | | | | | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 4,561 | 7,700 | 16,681 | 22,280 | 9,743 | 60,965 |
| 2 | Gross receipts from admissions, merchandise | | .,,., | 20,002 | | | |
| | sold or services performed, or facilities | | | | | 1 | |
| | furnished in any activity that is related to the organization's tax-exempt purpose · · · · · | 11,915 | 5,130 | 29,019 | 90,504 | 144,880 | 281,448 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| • | unrelated trade or bus under sec 513 · · · · | | | | | | |
| 4 | Tax revenues levied for the | 1 | | | | | |
| | 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 · · · · · · · · · | | | | | | |
| 6 | Total. Add lines 1 through 5 | 16,476 | 12,830 | 45,700 | 112,784 | 154,623 | 342,413 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| h | 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 | | | | <u> </u> | | |
| | Add lines 7a and 7b · · · · · · · · · · | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 342,413 |
| | ction B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | |
| | endar year (or fiscal year beginning in) 🕒 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 16,476 | 12,830 | 45,700 | 112,784 | 154,623 | 342,413 |
| 0a | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources | | | | | | · · · |
| h | Unrelated business taxable income (less | | | | | | |
| ~ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · · · | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carned 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) | 16,476 | 12,830 | 45,700 | 112,784 | 154,623 | 342,413 |
| 14 | First five years. If the Form 990 is for the org | , | | • | , ,, , | | . – |
| | organization, check this box and stop here | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · > [] |
| _ | ction C. Computation of Public Su | | _ | | | | |
| 15 | Public support percentage for 2012 (line 8, co | • | | | | | 100.00 % |
| 16 | Public support percentage from 2011 Schedu | | | | - | 16 | 100.00 % |
| | ction D. Computation of Investmen | | | (0) | | 47 | 2 22 24 |
| 17 | Investment income percentage for 2012 (line | | | ımn (t)) | • • • • • • • • | 17 | 0.00 % |
| 8 | Investment income percentage from 2011 Sci | | | • • • • • • • • • | | 18 | % |
| 19a | 33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box at | | | | | | ▶ 🏻 |
| b | 33 1/3% support tests - 2011. If the organiza | ition did not check a | a box on line 14 or | line 19a, and line 1 | 6 is more than 33 | 1/3%, and | |
| | line 18 is not more than 33 1/3%, check this b | oox and stop here. | The organization q | ualifies as a publici | ly supported organ | | ▶ 📮 |
| 20 | Private foundation. If the organization did no | t check a box on lir | ne 14, 19a, or 19b, | check this box and | see instructions | | <u></u> ▶ 🔲 |

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

| Name of the organization | Employer identification number |
|---|--------------------------------|
| Solar Culture Gallery Inc | 20-5326582 |
| 01. General explanation attachment | |
| VI. General explanation accadiment | |
| Form 990 Part III What is the organization's primary exempt purpose: | |
| | |
| Bring Visual and Performing Art to the Community. | |
| | |
| 02. Other program services (Part III, line 31) | |
| 02. Other program services (Fart III, IIIe 31) | |
| Form 990 Part III Line 28: | |
| Maintained an art gallery open to the public, daily - accessible to a | rtiete of all levels |
| maintained an art garrery open to the public, darry accessible to a | 101010 01 411 101010 |
| - with the works of over an hundred artists on display. Held 3 major a | art openings in which |
| the art was removed and new submissions hung, live musicians played, | and people had a |
| | |
| potluck. Approximately 200-300 persons attended through-out the evening | ng each opening. |
| Approximately 50-100 persons per month visited the gallery during non- | -event hours. |
| | |
| | |
| Form 990 Part III Line 29: | |
| Held about 80 live show/events featuring live music of varied genre as | s well as other |
| need about 80 live show/events leaduring live music of varied gente as | s well as other |
| performing arts, including performers from other countries. Approxima | te attendance |
| throughout the year = 1,850 | |
| | |
| <u> </u> | |
| Form 990 Part III Line 30: | |
| | |
| Maintained and operated additional premised including secondary galle: | ry/event space |
| wherein were held art displays/openings of more flexible duration and | format as well as |
| additional live events. Portions of the premises are rented out work- | annag/atudio-annago to |
| additional live events. Fortions of the plemises are lented out work | space/scudio space co |
| artists. Artists are encouraged to submit art for inclusion in out 3 | major openings per |
| year in out main gallery. Some of them open their studious to the pub- | lic from time to |
| | |
| time, particularly when there are large community events in the area, | such as Tucson's |
| "Art walk" and "Downtown Saturday Night". | |
| | |