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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

	A F	or the	e 2012 calendar year, or tax year beginning and end	ding		
	B c	heck if	C Name of organization		D Employer identi	fication number
		Addre	MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC			
	늗	_chang	David Branch As		68-0	0570400
	干	J¢hang]Initial Jretum	No. 1 and 1	om/suite	E Telephone numb	
		Termi	,		•	-956-132 <u>3</u>
		Amen	ded Otto and TD and		G Gross receipts \$	446,473.
		Application	PHOENIX, AZ 85028		H(a) Is this a group	
		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 in	ncluded? Yes No
			empt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) or L	527	•	a list (see instructions)
			te: WWW.MMMF.NET	<u> </u>	H(c) Group exempti	
		orm of		L Year o	of formation; 2002	M State of legal domicile; AZ
	Fa		Summary Briefly describe the organization's mission or most significant activities: TO INT	ECD A	TE AND CITO	סטש שנוני
	e Ce		COMMUNITY, THE ARTS AND THE UNDERPRIVILEGE		IE AND SUPI	OKT THE
	nar		Check this box If the organization discontinued its operations or disposed		than 25% of its net a	
	Governance		Number of voting members of the governing body (Part VI, line 1a)	01111010	3	2
	ၓ		Number of independent voting members of the governing body (Part VI, line 1b)	••	4	
	Activities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)	· ••• •	5	
	Ĭį		Total number of volunteers (estimate if necessary)		6	160
	Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 a	0.
	`	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	İ				Prior Year	Current Year
	a	8	Contributions and grants (Part VIII, line 1h)		144,650.	
	Revenue		Program service revenue (Part VIII, line 2g)	-	172,175	
	Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
(~)			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	4,497. 321,322.	
2013	-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,000	
9-	i		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-	30,000.	
2	.,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	
JUN	ğ		Total fundraising expenses (Part IX, column (D), line 25) 3,282			
	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1124a)		267,196.	346,907.
	l	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		297,196.	
室		19	Revenue less expenses. Subtract line 18 from line 12		24,126	<3,841.
100	ğğ		EZ MAY 2 5 2013 C	Beg	inning of Current Year	
Q	aset		Total assets (Part X, line 16)	<u> </u>	8,961.	
SCANIN			Total liabilities (Part X, line 26)		24,689	
1	<u>로</u> 리		Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	<15,728.	<19,569.:
ı		rt II	Signature Block /) lities of perjuty, declare that I have examined his return, including accompanying schedules and	d eteteme	nto, and to the heat of a	ny knowledge and halief it is
			it, and complete. Declaration of preparer (other than officer) is based on all information of which r			ny knowieuge and belief, it is
		COLLEC	t, and complete becautely a proport (only main onice) is based on an information of which is	^	× 5/	3 امد/3
	Sign	1	Signature of diffice		Date	
	Here		R. JOHN LARGAY JR.			
			Type or print name and title			
			Print/Type preparer's name Preparer's panature	_ Da	ate / Check	PTIN
	Paid		CORD D. ARMSTRONG	5 5	3/13 if setf-empto	yed P00017641
	Prep	arer	Firm's name CBIZ MHM, LLC		Firm's EIN	34-1884125
	Use (Only	Firm's address 3101 N. CENTRAL AVE., STE. 300			
			PHOENIX, AZ 85012	_	Phone no. 6	02-264-6835
	Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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_		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
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		X
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		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			••
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		v
	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	40		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
4.0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19_		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		(0040)

Form 990 (2012) MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC
Part IV Checklist of Required Schedules (continued)

LF ai	Checkist of Nedured Ochedules (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			
	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		
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	_	
	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_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			17
	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):			77
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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
	If "Yes," complete Schedule N, Part I	_31_		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
	Schedule N, Part II	32	-	Δ.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
	Part V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a		41
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
^-	If "Yes," complete Schedule R, Part V, line 2	36		
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
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	97		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	NOTE: All FORM 330 Hels are required to complete Schedule C	30		

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Form,990 (2012) MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter 0- if not applicable 19 19 10 19 10 19 10 19 10 19 10 19 10 10	_	Check if Schedule O contains a response to any question in this Part V			<u> </u>
b Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable □ Did the organization congly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of simployees reported on Form W3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If the calendar year ending with or within the year covered by this return 7c Very Statements, and a sea of the sea of the sea of the calendar year, did the organization file all required federal employment tax returns? 2b If the calendar year, did the organization file all required federal employment tax returns? 2c Very Statements and 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 accounts? 5c Very Statement of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts? 5d Was the organization a party to a prohibited tax shelter transaction and the properties of the calendar year. All the organization interest was or is a party to a prohibition of the properties of the organization and the calendar year. All the organization file form 8888 is 7. 5d Dod set the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions on under section 170(c). 8 If Ves, * old the organization file-bid with every solicitation an express statement that such contributions or grits were not tax deductible as a charitable contribution on aparty for goods and services provided to the payor? 7a If Yes, * old the organization serv				Yes	No
c Did the organization comply with backup withholding lucies for reportable payments to vendors and reportable gamming (glambling) without some states of the calendar year ending with or within the year covered by this rotum b if at least one is reported on in e2, and the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreaded business gross income of \$1,000 or more dumpt the year? 3a At any time during the calendary year, did the organization file all required to e-file (see instructions) 3b If "Yes," has it filed a Form 9901 for this year? If "No." provide an explanation in Schedule O 3b If "Yes," the state of the organization was 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)? 5b If "Yes," and the filed regiment of the organization was not set of the organization and partly to a prohibited state organization and the organization and the organization and the organization and the organization and partly organization and services organization and partly organization and services organization and partly organizations. On the supporting organization and partly organiza	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
disprehingly wrinings to prize winners? a Filter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or period under the year? b If *Yes,* has it filed a Form 990 Toff for this year? *I**/No,* provide an explanation in Schedula* O da Al any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? b If *Yes,* incended the organization for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts. See in **Yes,* include the organization that it was or is a party to a prohibited tax shelter transaction? 5c	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Bed for the celevator with or within the year covered by this return	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
file dot rith calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?	1c	Х	
b if at least one is reported on line 2a, and the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has if filed a Form 990.1 for this year? If "No," provide an explanation in Schedule O 3b A any time during the calendary year, did the organization have an inferest (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)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 888617 (a property of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the organization and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a pyminin in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," did the organization envise a pyminin in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," direction that a pyminin in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," directio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrielated business gross income of \$1,000 or more during the year? 4 As A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country to the a bank account, or other financial accountry or the financial account in a foreign country to the financial account in a foreign account in a foreign and the financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, if the line 5a or 5b, did the organization file Form 888617. 6a Des the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any centributions and the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any centributions that the received application and express statement that such contributions or gifts were not tax deductible? 6a X Y 6b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or of the value of the goods or services provided? 7b If Yes, if the organization and party the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, indicate the number of Forms 8282 filed during the year organization and party for years and services pr					
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 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?) 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See in the Graph of Form 10 Fo		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary 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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization repair to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8886-17? 8 Dit Yes, "to line 5 a or 5b, did the organization file Form 8886-17? 8 Dit Yes," to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 Dit Yes, "to line 5 a or 5b, did the organization that organization that organization that organization receive and contributions that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 Dit Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 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? 9 Did the organization receive and partly except or the supporting organization selection and partly as a contribution and partly selection and partly for your which it was required to file Form 8282? 9 Did the organization received a contribution of angle personal property for which it was required to file Form 8282? 9 Sponsoring organization contributions included by a sponsoring organization file Form 8289 as required? 9 Sponsoring organizations maintaining donor advised funds as desetted seeds of the organization file a Form 1098-0? 9 Sponsoring organiz	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X Does the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line S a or Sb, clid the organization file Form 888617 6c Object the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Object the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," indicate the number of Forms 8282 filed duming the year 9d Did the organization shall are any furtue, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization moreoved a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 7n Tight	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions a party to a privible detax shelter transaction of the see instructions of the see instructions and the set of the seed of t	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Inflitation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	f				
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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. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9	h		7h_		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	·	1		
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10 Section 501(c)(7) organizations. Enter: a 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: a 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	·	$\overline{}$		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b				
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c Enter the amount of reserves on hand	D				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X	_	• • • • • • • • • • • • • • • • • • • •	ĺ		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •	140		Y
		·			
	O	1 169, Has it lied a Putti 720 to report these payments: II 140, provide an explanation in Schedule O		990	20121

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.

	Classic College Colleg			$\overline{\mathbf{x}}$
<u></u>	Check if Schedule O contains a response to any question in this Part VI			لما
Sec	tion A. Governing Body and Management		V	N-
_		· -	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	1		
	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.	,		
ь	Enter the number of voting members included in line 1a, above, who are independent	4	İ	
2	officer, director, trustee, or key employee?	2	x	
_	Did the organization delegate control over management duties customanly performed by or under the direct supervision		1	
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization s assets:	6	х	-21
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		_
/a	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	'	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncıal	
	statements available to the public during the tax year.			
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		_	
	9440 N. 26TH ST., #100, PHOENIX, AZ 85028			
23200 12-10-		Form	990	(2012)

Form 990 (2012) 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

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

- 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 (Ď), (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)	(B)	1						(D)	(E)	(F)	
Name and Title	Average		Position (do not check more that			than -		Reportable compensation	Reportable compensation	Estimated amount of	
	hours per week	offi	box, unless person is bot officer and a director/trus			is bot or/trus	nan tee)	from	from related	other	
	(list any	į						the	organizations	compensation	
	hours for	#	Ì			2		organization	(W-2/1099-MISC)	from the	
	related	5 8	ste			usate	l ,	(W-2/1099-MISC)	,	organization	
	organizations	ĘĘ	at fa	l ,	yee	E E		,		and related	
	below	를		_	oldu	esto	₅₅			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) R. JOHN LARGAY	3.00										
PRESIDENT		X		X				0.	0.	0	
(2) GLENN LÉIER	2.00										
VICE PRESIDENT		X	L	X				0.	0.	0	
			L.								
		ļ	_								
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Form **990** (2012)

Part VII Se	ection A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation	(E) Reportable compensation	:	(F) Estimat amount	of
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other ompens from the organizat and rela organizat	ation ne ition ited	
			-					-					
												_	
													_
1b Sub-tot	al	 II, Section A					>		0.).		0.
	dd lines 1b and 1c)	not limited to th		liste	ed al	<u></u>	e) wt	no r	0. eceived more than \$100).		0.
	sation from the organization									-		Yes	No
	organization list any former officer If "Yes," complete Schedule J for a			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	3		х
4 For any	individual listed on line 1a, is the sted organizations greater than \$15	um of reportab	le c							the organization	4	,	х
5 Did any	person listed on line 1a receive or to the organization? If "Yes," con	accrue compe	nsat	ion f	from	any	unr/			dual for services	5		х
Section B. In	dependent Contractors									\$100,000 of compa			
	e this table for your five highest connication. Report compensation for								n the organization's tax				_
	(A) Name and business	s address	N	INC	<u>E</u>		_		(B) Description of s	ervices	Com	(C) pensation	on
							_						
													_
	mber of independent contractors of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received m	nore than			
											For	m 990	(2012)

	_	Check if Schedule O contains a response	to any question i	n this Part VIII			
		SHOOK W GONGOOD O CONTAINS & TOOPONSO		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1	a Federated campaigns . 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues . 1b			ui		
S, G		c Fundraising events 1c					
ar ,		d Related organizations 1d					
s, (mil		e Government grants (contributions) 1e				•	
ion		f All other contributions, gifts, grants, and					
but			189,818.				
Į O		Noncash contributions included in lines 1a-1f \$	23,000.			"	
Col		h Total. Add lines 1a-1f	D	189,818.			
			Business Code		-		
Program Service Revenue	9	a MUSIC FESTIVAL	711300	246,425.	246,425.		
			,11300				
Ser							
E S							
Pe							
Pro		All other program service revenue					
				246,425.			
		g Total. Add lines 2a-2f Investment income (including dividends, intere	ot and	240,423.			<u> </u>
	3	• -					
		other similar amounts) Income from investment of tax-exempt bond p	P				
i	4	·	roceeds		_		
	5	Royalties	(3 Damana)			<u></u>	
	_	(i) Real	(ii) Personal				
ł	6 :	• • • • •					
		b Less: rental expenses .				:	
		Rental income or (loss)					
		d Net rental income or (loss)	<u> </u>				
	7 ;	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					Í
	ı	b Less: cost or other basis				r.,	
		and sales expenses					
	•	c Gain or (loss)					
	•	d Net gain or (loss)	<u> </u>				
e l	8 8	• • • • • • • • • • • • • • • • • • • •					
ent		including \$ of					
ě		contributions reported on line 1c). See					
<u>~</u>		Part IV, line 18 a	<u>-</u>				I
Other Reven	ı	b Less: direct expenses b					
١ ٠	•	Net income or (loss) from fundraising events					L
	9 a	a Gross income from gaming activities. See					
1		Part IV, line 19 a					1
	ı	b Less: direct expenses b					1
		Net income or (loss) from gaming activities	•				1
	10 ;	a Gross sales of inventory, less returns			-		
		and allowances a	10,230.				(
1		b Less: cost of goods sold b	8,975.				}
ľ		Net income or (loss) from sales of inventory	•	1,255.			1,255.
ļ			Business Code				
	11 8						,
				···	- -		
]		d All other revenue					
ł		d All other revenue					
ĺ		Total Add lines 11a-11d	?	437,498.	246,425.	0.	1,255.
23200	12	Total revenue. See instructions.		431,430.	440,443.		Form 990 (2012)
12-10-	12						FUHH 330 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and general expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 94,432 94,432 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 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 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ... Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): a Management Legal 800 800. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,793. 6,783 10 column (A) amount, list line 11g expenses on Sch O.) 29,535 3,282. 32,817. 12 Advertising and promotion 25,954 210. 25,744 Office expenses . . . 13 341 341 Information technology 14 15 Royalties Occupancy ... 16 2,605. 1,503 1,102 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ... 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 4,332. 4,332 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MUSIC & ENT. EXPENSES 209,179. 209,179. VARIOUS EVENT EXPENSES 40,946. 40,946. 11,729 SECURITY 11,729. d LICENSE AND FEES 2,672. 2,672. 8,739. 2,250. 6,489 e All other expenses 441,339 396,908 41,149 3,282. Total functional expenses. Add lines 1 through 24e 25 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)

Part		Check if Schedule O contains a response to any question in this Part X	• • • • • • • • • • • • • • • • • • • •	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	8,961. 1	6,400
-	2	Savings and temporary cash investments	2	1
ŀ	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
	•	trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	5	•
	6	Loans and other receivables from other disqualified persons (as defined under		
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
3	7	Notes and loans receivable, net	7	
2 (_	La contacto de la con	8	
١.	8		9	
- 1	9	Prepaid expenses and deferred charges	9	
	va	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a	10	_
		Less: accumulated depreciation	100	
- 1	1	Investments - publicly traded securities		
- 1	2	Investments - other securities. See Part IV, line 11		·
	3	Investments - program-related See Part IV, line 11	13	
	4	Intangible assets	14	
	5	Other assets. See Part IV, line 11	9 0 6 1	
	6	Total assets. Add lines 1 through 15 (must equal line 34)	8,961. 16	
- 1	7	Accounts payable and accrued expenses	0. 17	
- 1	8	Grants payable		·
- 1	9	Deferred revenue		
	:0	Tax-exempt bond liabilities		
3 2	1	Escrow or custodial account liability. Complete Part IV of Schedule D		
2	2	Loans and other payables to current and former officers, directors, trustees,		
É		key employees, highest compensated employees, and disqualified persons.	04 500	05 000
'		Complete Part II of Schedule L	24,689. 22	25,000
2	:3	Secured mortgages and notes payable to unrelated third parties	23	
2	4	Unsecured notes and loans payable to unrelated third parties	24	·
2	:5	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X of		
		Schedule D	25	
2	6	Total liabilities. Add lines 17 through 25	24,689. 26	25,969
		Organizations that follow SFAS 117 (ASC 958), check here ▶		
3		complete lines 27 through 29, and lines 33 and 34.		
2	7	Unrestricted net assets	27	
2	8	Temporarily restricted net assets	28	
2	9	Permanently restricted net assets	29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ►X		
2 2 2 3 3 3 3 3		and complete lines 30 through 34.		
} з	0	Capital stock or trust principal, or current funds	0. 30	0
3	1	Paid-in or capital surplus, or land, building, or equipment fund	0.31	0
: з	2	Retained earnings, endowment, accumulated income, or other funds	<15,728.>32	<19,569
3	3	Total net assets or fund balances	<15,728.>33	
- 1 -	4	Total liabilities and net assets/fund balances	8,961. 34	
	<u> </u>			Form 990 (2012

Form	990 (2012) MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC 68-0	570400	Page 12
Pa	t 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)	437	<u>,498.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	441	L <u>,339.</u>
3	Revenue less expenses. Subtract line 2 from line 1	<3	3 <u>,841.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<15	<u>5,728.</u> >
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B)) 10	<19	<u>,569.</u> >
Pa	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u>. </u>
			Yes No
1	Accounting method used to prepare the Form 990:	_	
	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?	2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	. 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
	consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
За	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?	. 3a	<u> </u>
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	3b	
		Form	990 (2012)

SCHEDULE A

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. Department of the Treasury

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			MCDOWEI	<u>LL MOUNTAIN M</u>	<u>WSIC</u>	<u>FESTI</u>	VAL,	INC		6	<u>8-0570</u>	400	
Part	1	Reason	for Public Cha	r ity Status (All organiz	ations mu	st complet	e this par	t) See inst	tructions.			_	
The or	gan	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 [A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з [\exists			ital service organization			170(b)(1)	(A)(iii).					
4	Ē			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's name	€,
. –		city, and stat	=	,					,				
5 [benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
•		-	(b)(1)(A)(iv). (Compl		•	·	-	•					
6 [\neg			nent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).					
_ =	X.		-	ceives a substantial part					or from the	general	public desc	ribed in	
• -		-	b)(1)(A)(vi). (Comple				3			J			
8 [\neg	•		section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 [Ħ			ceives: (1) more than 33			rom contri	butions, m	nembershi	n fees. a	ind gross re	ceipts fi	rom
J				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			.,			, s.g.				
10	\neg			perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	1).				
11	Ħ			perated exclusively for the						v out the	purposes o	of one o	r
••• -				ations described in section									
		• •		organization and compl				,		-,<-,-			
		a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fu			c	avT 🔲 i	e III - No	n-functional	ly integi	rated
e [at the organization is not		-	_		r more dis	qualified	persons oth	ner than	ı
· ·				than one or more publicly									
f				tten determination from t						. , . ,			
•		_	rganization, check t										
g			•	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
9		_		directly controls, either al							' ,	Yes	No
		••		upported organization?							11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	,						11g(ii)		
				a person described in (i) o		e?					11g(iii)		
h				about the supported or									
			· ·		-								
/:\ N	ma	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amoun	of mon	etarv
		nızatıon	(11) E 111	(described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	on in col. ed in the	1 ' '	port	J ,
	·			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
_													
					l								
Total			1	1	I	l	l	I	1	1	·		

Form 990 or 990-EZ.

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	525,627.	341,459.	17,350.	144,650.	189,818.	1,218,904.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge .			<u> </u>			
4	Total. Add lines 1 through 3	525,627.	341,459.	17,350.	144,650.	189,818.	1,218,904.
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)						61,510.
6	Public support. Subtract line 5 from line 4					L	1,157,394.
	ction B. Total Support				 -		
	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	525,627.	341,459.	17,350.	144,650.	189,818.	1,218,904.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						6 065
_	and income from similar sources	6,065.					6,065.
9	Net income from unrelated business						
	activities, whether or not the	İ					
40	business is regularly carried on					-	
10	Other income Do not include gain						
	or loss from the sale of capital		4,262.				4,262.
44	assets (Explain in Part IV.)		4,202.				
11	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aca instruction				12 1,	$\frac{1,229,231}{274,103}$
12 13	First five years. If the Form 990 is for			fourth or fifth to			2/4,103.
13	organization, check this box and stop	-	mst, second, time	, loarti, or intil to	ix your as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publi		rcentage	····			<u> </u>
	Public support percentage for 2012 (li			olumn (f))		14	94.16 %
15				· · · · ·	•	15	91.86 %
	33 1/3% support test - 2012. If the o		•	line 13, and line	14 is 33 1/3% or n	nore, check this box	
	stop here. The organization qualifies	=				•	$\triangleright \mathbf{X}$
b	33 1/3% support test - 2011. If the o	rganization did no	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion .		_	. ▶□
17a	10% -facts-and-circumstances test	- 2012. If the org	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check thi	s box and stop h	ere. Explain ın Pai	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	ublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2011. If the orga	anızation dıd not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circui	mstances" test, ch	eck this box and :	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization qu	ualifies as a public	ly supported orga	nization .	▶□
<u>18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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	f the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar 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 ")						
2	Gross receipts from admissions,			1			
_	merchandise sold or services per-						
	formed, or facilities furnished in			•			
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513					1	
				_			
4	Tax revenues levied for the organ-					-	
	ization'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		ļ	ļ			
6	Total. Add lines 1 through 5						<u></u>
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u></u>				
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6)		·			1	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties		İ				
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	•					
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11							
	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						
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first second the	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	zation !
1-4	check this box and stop here	the organization	s mst, second, am	a, loural, or mare	ax year as a seem	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage	· ·· · ·			
	Public support percentage for 2012 (column (fl)		15	%
	Public support percentage from 2011				•	16	%
	ction D. Computation of Inve				· · · · · · · · · · · · · · · · · · ·		
	Investment income percentage for 20					17	%
18				,		18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than :		
136	more than 33 1/3%, check this box a						▶ []
	o 33 1/3% support tests - 2011. If the						and
ı							
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лі аіа посспеска	DOX OIT III 14, 18	a, or 130, check t			0 or 990-FZ) 2012

Name of organization

Employer identification number

MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC

68-0570400

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARDROCK CONCRETE 4839 WEST BRILL STREET PHOENIX, AZ 85043	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JABURG & WILK, PC 3200 N. CENTRAL AVE. 20TH FLOOR PHOENIX, AZ 85012	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ZIONS MANAGEMENT SERVICE COMPANY 2460 S 3270 W SALT LAKE CITY, UT 84191	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No 1545-0047 Inspection

2 Employer identification number 68-0570400 (h) Purpose of grant or assistance CAMPUS IMPROVMENT X Yes PROGRAM SUPPORT PROGRAM SUPPORT 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 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 (g) Description of non-cash assistance 30,000 SQ FT OF (f) Method of valuation (book, FMV, appraisal, other) COST Ö Ö 14,432, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 40,000 40,000 INC Enter total number of section 501(c)(3) and government organizations listed in the line 1 table MCDOWELL MOUNTAIN MUSIC FESTIVAL (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 74-2421549 38-3792643 26-1477597 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - 2929 E CAMELBACK RD, PHOENIX CHILDREN'S HOSPITAL STE 122 - PHOENIX, AZ 85016 or government Name of the organization 4715 N CENTRAL AVE PHOENIX, AZ 85012 ST FRANCIS XAVIER TEMPE, AZ 85280 P.O BOX 2555 EAR CANDY Part I Part

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

Schedule I (Form 990) (2012)

Page 2 (f) Description of non-cash assistance 68-0570400 Part IV | Supplemental Information. Complete this part to provide the information required in Part II, ine 2, Part III, column (b), and any other additional information. (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. LINE 2: THE ORGANIZATION HAS A REVIEW PROCESS IN PLACE 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 INC MCDOWELL MOUNTAIN MUSIC FESTIVAL, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance UPON THE INTERVIEWS. PART I, Schedule I (Form 990) (2012) SCHEDULE I, Part III

21

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

Employer identification number

	M	(CDOWELL	MOUNTAIN	J M	JSIC	FESTIVAL,	INC	68	-05	704	00		
Part I	Excess Bene	efit Transac	tions (section 5	01(c)(3) and :	section 501(c)(4) orga	anızatıons only).		-				
	Complete if the o	organization ar	swered "Yes" on	Form	990, P	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40	0b			
1 ,		(b	(b) Relationship between disqualified			lified					(d) Corrected?		
(a) Ivar	me of disqualified p	berson	person and o	rganız	ation			nsaction		Yes		No	
	<u></u>		·-·										
			· · · <u> </u>										
												-	
			-										
2 Enter	the amount of tax	incurred by the	organization mar	nagers	or dise	qualified persons dui	ring the year under						
	n 4958												
3 Enter	the amount of tax,	f any, on line	2, above, reimbur	sed by	the or	ganization			▶ \$				
David III	1 1	d/or Erono li	stangated Day				 			-			
Part II			nterested Per										
	•	•				, Part V, line 38a or F	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizatı	on	
		ount on Form 9 (b) Relationsh	90, Part X, line 5,		2 can to or	<u> </u>		١.,		(h) An	proved	en 14	
) Name of ested person	`´ with	of loan	fron	n the	(e) Original principal amount	(f) Balance due) in ault?	by bo	Approved (i) Writt board or agreeme		ritten ment?
II ILE	ested person	organization	07.00.1		zation?	printo:paramount				· · · ·	nittee?		
700 01			-	To	From	E0 670	25 000	Yes		 	No	Yes	No
SEE PA	ART V			X	-	59,679.	25,000.		X	X			X
			-	-	 								
		-	- 	 -	 	-							
				-	+					<u> </u>			
<u>.</u>		-			 								
					 								
			· <u></u>	 									
		 		 	 							-	
<u> </u>		 		1	-								
			ļ			▶ \$	25,000.				<u> </u>		
otal Part III	Grants or As	sistance B	enefiting Inte	reste	d Pe	rsons.	23,000						
	,		swered "Yes" on										
(a) N	ame of interested p		(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose of	•
(a) 11	ano or microscoa p	po.00	interested per	son ar		assistance	assistan				assista		
			the organiz	ation									
-										_			·
		1											

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Schedule L (Form 990 or 990-EZ) 2012

COMPLETE II THE OTHER PLANTING AND MELEC	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shari organiza revenu	
				Yes	N
				-	
				 	
	<u> </u>				
Tt V Supplemental Information	.lf	an Cabadula I (aaa			
Complete this part to provide additiona	information for responses to question	is on Schedule L (see	instructions).		
HEDULE L, PART II, LOANS	TO AND FROM TNTERE	STED PERSON	rs :		
IEDONE H, FART II, BOARD	TO MID TROM THIBRE	DIED IERBOR			
NAME OF PERSON: WESPAC	CONSTRUCTION				
		-			
RELATIONSHIP: WESPAC CC	NSTRUCTION IS 73% O	WNED BY JOH	IN LARGAY		
PURPOSE OF LOAN: OPERAT	'ING FUNDS				
			· · · · · · · · · · · · · · · · · · ·		
		·			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

MCDOWELL MOUNTAIN MUSIC FESTIVAL, INC 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.