See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

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)

▶ 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

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

OMB No 1545 1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

AUG 2 9 2013

A For the 2012 calendar year or tax year beginning 2012 and ending 20

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

C Name of organization
CACHE VALLEY CIVIC BALLET ASSOCIATION, INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
721 EAST 350 SOUTH

City or town state or country and ZIP + 4
RIVER HEIGHTS, UTAH 84321

D Employer identification number
87 0387940

E Telephone number
435 753 3633

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

Website ▶ www cvcballet org

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990 990 EZ or 990 PF)

J Tax exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a 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 ▶ $

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 ☐

Revenue	1	Contributions gifts grants and similar amounts received		1	27285
	2	Program service revenue including government fees and contracts		2	155032
	3	Membership dues and assessments		3	8370
	4	Investment income		4	75
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15 000)	6a		
	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)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	1796
	9	**Total revenue** Add lines 1 2 3 4 5c 6d 7c and 8 ▶		9	192558
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries other compensation and employee benefits		12	50360
	13	Professional fees and other payments to independent contractors		13	28955
	14	Occupancy rent utilities and maintenance		14	65032
	15	Printing publications postage and shipping		15	3221
	16	Other expenses (describe in Schedule O)		16	20528
	17	**Total expenses** Add lines 10 through 16 ▶		17	168096
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24462
	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	34655
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	59117

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9-6

24

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash savings and investments	44436	22	70001
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	44436	25	70001
26	**Total liabilities** (describe in Schedule O)	9781	26	10884
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	34655	27	59117

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts optional for others)

What is the organization s primary exempt purpose? **Dance instruction and performance**

Describe the organization s program service accomplishments for each of its three largest program services as measured by expenses In a clear and concise manner describe the services provided the number of persons benefited and other relevant information for each program title

28 **The Cache Valley School of Ballet provides classical ballet training for members of the Civic Company and outlying areas**

(Grants $) If this amount includes foreign grants check here ▶ ☐ 28a 76145

29 **The Cache Valley Civic Ballet provides a valuable performing experience for the members of the community and outlying areas**

(Grants $) If this amount includes foreign grants check here ▶ ☐ 29a 91951

30

(Grants $) If this amount includes foreign grants check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 168096

Part IV List of Officers Directors Trustees and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter 0)	(d) Health benef ts contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
See attached schedule of Officers None are compensated				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the 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		✓
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		✓
35a	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		✓
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		✓
c	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		✓
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		✓
37a	Enter amount of political expenditures direct or indirect as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120 POL** for this year?	37b		✓
38a	Did the organization borrow from or make any loans to any officer director trustee or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If Yes complete Schedule L Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts included on line 9 for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ section 4912 ▶ _____ section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T	40e		✓
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization s books are in care of ▶ **Saunders Wangsgard & Associates PC** Telephone no ▶ **435 752 9700** Located at ▶ **286 North Gateway Drive Providence Utah** ZIP + 4 ▶ **84332**			
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)?	42b		✓
	If Yes enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts**			
c	At any time during the calendar year did the organization maintain an office outside the U S ? If Yes enter the name of the foreign country ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)	45b		✓

		Yes	No
46	Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes complete Schedule C Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52 and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E	48	✓	
49a	Did the organization make any transfers to an exempt non charitable related organization?	49a		✓
b	If Yes was the related organization a section 527 organization?	49b		✓

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

(a) Name and title of each employee paid more than $100 000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits contributions to employee benef t plans and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here

Signature of officer Sally Stocker

Type or print name and title Sally Stocker, President, Board of Directors Date Aug 23, 13

Paid Preparer Use Only

Print/Type preparer s name	Preparer s signature	Date	Check ☒ if self employed	PTIN
Jeffrey R Wangsgard	Jeffrey R Wangsgard	8/28/13		P00367858

Firm s name ▶ Saunders, Wangsgard & Associates, PC — Firm s EIN ▶ 87 0537206

Firm s address ▶ 286 North Gateway Drive Providence, Utah 84332 — Phone no 435 752 9700

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

SCHEDULE A
(Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990 EZ** ▶ **See separate instructions**

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
CACHE VALLEY CIVIC BALLET ASSOCIATION	87 0387940

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

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

1 ☐ A church convention of churches or association of churches described in **section 170(b)(1)(A)(i)**

2 ☑ A school described in **section 170(b)(1)(A)(ii)** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital s name city and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)** (Complete Part II)

6 ☐ A federal state or local government or governmental unit described in **section 170(b)(1)(A)(v)**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33⅓% of its support from contributions membership fees and gross receipts from activities related to its exempt functions—subject to certain exceptions and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See **section 509(a)(2)** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**

11 ☐ An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non functionally integrated

e ☐ By checking this box I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I Type II or Type III supporting organization check this box ☐

g Since August 17 2006 has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of s pported organization	(ii) EIN	(iii) Type of o g t (described on lines 1–9 above or IRC section (see instructions))	( ) I th g ti in col (i) listed n your go em ng docume t?		( ) Did yo otify the organization in col (i) of your support?		( ) I th organization in col (i) organized in the U S ?		(ii) Amo t of mo etary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

SCHEDULE E (Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered Yes to Form 990 Part IV line 13 or Form 990 EZ Part VI line 48
▶ Attach to Form 990 or Form 990 EZ

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization

CACHE VALLEY CIVIC BALLET ASSOCIATION, INC

Employer identification number

87 0387940

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument or in a resolution of its governing body?	1	✓	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?	2	✓	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If Yes please describe If No please explain If you need more space use Part II	3	✓	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body faculty and administrative staff?	4a	✓	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✓	
c	Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?	4c	✓	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✓	
	If you answered No to any of the above please explain If you need more space use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	5a		✓
b	Admissions policies?	5b		✓
c	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		✓
e	Educational policies?	5e		✓
f	Use of facilities?	5f		✓
g	Athletic programs?	5g		✓
h	Other extracurricular activities?	5h		✓
	If you answered Yes to any of the above please explain If you need more space use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		✓
b	Has the organization s right to such aid ever been revoked or suspended?	6b		✓
	If you answered Yes to either line 6a or line 6b explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975 2 C B 587 covering racial nondiscrimination? If No explain on Part II	7	✓	

Page 1 Line 16 – Other Expenses

Advertising	$ 4849 00
Bad Checks	1452 00
Business Taxes & License	267 00
Insurance	4542 00
Miscellaneous	2765 00
Payroll Taxes	4119 00
Professional Fees	335 00
Program Fees	788 00
Supplies	1411 00
Total Other Expenses	$20528 00

Cache Valley Civic Ballet

CVCB Board of Directors

Sally Stocker President
Travis Call 1st Vice President
Tami Vernon 2nd Vice President
Sandra McAllister Secretary
Nancy Kay Harrison Treasurer

Elizabeth Anderson
Emily Geertsen
Christy Grove
Lynette Jenkins
Debi King
Ed Knoppel
Jamie Lindley
Wendy Wimmer

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COMPANY NOTICES & QUICK LINKS

Company Auditions for the **2013 2014 Season**

Public Auditions for **Nutcracker**

Company Classes begin September 7th 2013

Check us out on **Facebook**

SCHOOL NOTICES & QUICK LINKS

Fall Semester Begins August 26th 2013

Check **Class Schedule** for open classes

School Registration Form