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A For the 2012 calendar year, or tax year beginning 07-01-2012

DLN: 93492268004223

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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

, and ending 06-30-2013

Open to Public Inspection

	Check if applicable		C Name of organization Corrales Cultural Arts Council	D Employ	Employer identification number				
Address change Name change				85-0401145					
Initial return			Number and street (or P=O=box, if mail is not delivered to street address) Room/suite P=O Box 2723	ne nun	nber				
Terminated									
_		ed return	City or town, state or country, and ZIP + 4 Corrales, NM 87048	F Group Ex		lon			
\Box	pplicati	ion pending	Collales, NPI 07040	Number		•			
G A	ccoun	ting Method	Cash Accrual Other (specify) ► required f	If the to attach : 0,990-E	Sche				
ΙW	ebsite	e: ▶ <u>N/A</u>							
J Tax	k-exem	npt status(check	only one) — 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527						
norr Inst L A c	mally i ructio dd line	not more than ns) But if the es 5b, 6c, and (B) below) are	sinization is not a section 509(a)(3) supporting organization or a section 527 organization of the section 527 organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i \$500,000 or more, file Form 990 instead of Form 990-EZ **Repenses**, and Changes in Net Assets or Fund Balances** (see the instance).	f total ass	may sets (2,87	be required (see Part II, line 25, 3			
	11 C I		e organization used Schedule O to respond to any question in this Part I						
	1	Contributions	, gifts, grants, and similar amounts received		1	60,132			
	2	Program serv	ice revenue including government fees and contracts		2	32,650			
	3	Membership	dues and assessments		3				
	4	Investment	ncome		4	91			
	5a	Gross amoun	t from sale of assets other than inventory						
9	b	Less cost or other basis and sales expenses							
Revenue	С	Gain or (loss	5c						
å	6	Gaming and f							
	а	Gross income	e from gaming (attach Schedule G if greater than \$15,000) . 6a						
	b		e from fundraising events (not including \$ <u>4,250</u> of contributions ing events reported on line 1) (attach Schedule G if the						
		sum of such (gross income and contributions exceeds \$15,000)	0					
	С	Less direct	expenses from gaming and fundraising events 6c	910					
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c))	6d	-910			
	7a	Gross sales	of inventory, less returns and allowances						
	b	Less cost of	goods sold	0					
	С	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	_			
	8	O ther revenu	e (describe in Schedule O)		8				
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	91,963			
	10	Grants and s	milar amounts paid (list in Schedule O)		10				
	11	Benefits paid	to or for members		11				
	12	Salaries, oth	er compensation, and employee benefits		12				
ς 9.	13	Professional	fees and other payments to independent contractors		13	38,049			
Expenses	14	Occupancy, i	ent, utilities, and maintenance		14	800			
Ë	15	Printing, publ	ications, postage, and shipping		15	6,566			
	16	O ther expens	es (describe in Schedule O)		16	23,055			
	17	Total expens	es. Add lines 10 through 16	▶	17	68,470			
5	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	23,493			
1556	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree with						
NetAssets		end-of-year f	gure reported on prior year's return)		19	77,534			
Z	20		s in net assets or fund balances (explain in Schedule O)	• •	20				
	21	Net assets o	fund balances at end of year Combine lines 18 through 20	. •	21	101,027			

Form 990-EZ (2012)						Page
Part II Balance Sheets (see the Check if the organization used		any question in t	thıs Pa	rt II		<u> </u>
			(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				77,534	22	101,027
23 Land and buildings				•	23	,
24 Other assets (describe in Schedule O					24	
25 Total assets				77,534	25	101,027
26 Total liabilities (describe in Schedule	0)			•	26	,
27 Net assets or fund balances (line 27 o		th line 21)		77,534	27	101,027
Part III Statement of Program Check if the organization used	-				(Re	Expenses equired for section 501
What is the organization's primary exempt Provide high-quality musical performances educational music outreach program for the Describe the organization's program service.	purpose? s in a comfortable setting at e people of Corrales and su ce accomplishments for eac	a reasonable co rrounding comm	ost, and unities gest pr	d promote an	(c)(org 494	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
29 The Corrales Cultural Arts Council (CC cultural enrichment in our small rural commod for away and too expensive to be of sign profit, all volunteer community organization. For the last 26 years, CCAC has brought a Nakamatsu, the Washington Sax, and the Nartists, to enhance the cultural environment eight concerts from September through Ap Y sidro Churchnow a community center which 175 people in a very intimate setting which we believe that excellent music enriches programment.	chools which have reduced to hear and learn about greare disadvantaged in our are nationally known artists wanding local musicians, brinchear exceptional music per grapeutic environments. Musinterest and creativity, rations are workers in Corrales. In the graphic data, almost half of merican, African-American and often life-changing impairs amount includes foreign of AC) was formed in 1986 to munity. The nearest venues in the expand the opportunities and analysis artificant benefit to Corrales in the expand the opportunities and analysis artificant benefit to Corrales in the expand the opportunities and the expand the opportunities and the concerts are provided in the concerts are provided in the partially maintained benefit of all ages, and we have expanded all ages, and we have	or eliminated cul eat music Bringi irea through the who perform in th ing extraordinary formances and o sic in Schools pr her than just ser rrales, Rio Ranch ine last year more the students wer is, and Asian The act on our studer orants, check he fill an important for high quality , and CCAC was es for music enri sts to Corrales, sell as a number o season for Music led in the gracefu y CCAC The bu rrier free Most M ave seen how me	Itural e ng our Music i e Musi opporti gain ins rogram: ve as e no and i e than 1 re from outcor nts re incorp chmen such as if New N c in Cor ul and h ilding p MIC cor eaningfo	ducation programs, artist series to in Schools program or in Corrales series unities for students sights into music sare specially entertainment or nearby Pueblo 100 music programs minority me of these I will be a sare of the series were or ated as a nonting in our community spianist Jon Mexico and regional grales consisted of instoric Old San provides seating for incerts are sold out all our artist series,		
	s amount includes foreign (grants, check he	re .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If thi	nedule O) Is amount includes foreign (grants, check he	re .	▶┌	31a	
32 Total program service expenses (add lin	es 28a through 31a) .				32	63,75
Part IV List of Officers, Directors, True Check if the organization used						
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportate compensati (Forms W-2/1 MISC) (if not enter -0-)	ole on 099- paid,	(d) Health benef contributions t employee benefit p and deferred compensation	its, o olans,	(e) Estimated amoun of other compensation
See Additional Data Table						

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		[모	
			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		No	
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	Yes		
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		No	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		No	
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No	
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		No	
37a	Ta Enter amount of political expenditures, direct or indirect, as described in the instructions				
b	Did the organization file Form 1120-POL for this year?	37b		No	
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		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9 39a				
b	Gross receipts, included on line 9, for public use of club facilities 39b 0				
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		No	
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		No	
41	List the states with which a copy of this return is filed 🏲 NM				
42a	The organization's books are in care of ▶ Suanne Derr Telephone no	<u>(50</u>)5)235	-9478	
	Located at 🕨 3563 Corrales Rd Corrales, NM ZIP + 4	8	7048		
	A			ı	
D	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	Yes	No No	
	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 ?	42c	<u> </u>	No	
	If "Yes," enter the name of the foreign country				
	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			▶ 「	
			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		No	
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	Ta		1,40	
	Instead of Form 990-EZ	44b		No	
	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
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		No	
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)^2$	45a		No	
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		No	

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

לל ווווט	90-EZ (Yes	Page 4
		rganization engage, directly es for public office? If "Yes,"			ehalf of or in opposition to	L		No
Part '		Section 501(c)(3) orga						
		ill section 501(c)(3) orgaind 51	nızatıons must answer	questions 47-49b an	d 52, and complete th	e tables	for lir	nes 50
	С	heck if the organization used	d Schedule O to respond to	o any question in this P	art VI			<u> </u>
							Yes	No
		rganızatıon engage ın lobbyıı complete Schedule C, Part I		tion 501(h) election in		? . 47		Νo
48 Is	s the org	ganızatıon a school as descr	ibed in section 170(b)(1)((A)(II)? If "Yes," comple	te Schedule E .	. 48		No
49a D	ıd the o	rganızatıon make any transfe	ers to an exempt non-char	ritable related organizat	ion?	. 49a		No
b If	f"Yes,"	was the related organization	a section 527 organization	on?		. 49b		No
		e this table for the organizations) who each received more t						
(a) Na		title of each employee paid te than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	of othe		amount ensation
NONE								
				1				
f	Total nu	umber of other employees pa	ıd over \$100,000			<u> </u>		
						-		
51 C	omplete	umber of other employees pa e this table for the organization nsation from the organization	on's five highest compens		actors who each received	more th	an \$100	000,0
51 C of	omplete f compe	e this table for the organizati	on's five highest compens n If there is none, enter "I	None "	actors who each received (b) Type of service		an \$100 Compens	•
51 C of (a	omplete f compe	e this table for the organizati nsation from the organization	on's five highest compens n If there is none, enter "I	None "				•
51 C of (a	omplete f compe	e this table for the organizati nsation from the organization	on's five highest compens n If there is none, enter "I	None "				•
51 C of (a	omplete f compe	e this table for the organizati nsation from the organization	on's five highest compens n If there is none, enter "I	None "				•
51 C of (a	omplete f compe	e this table for the organizati nsation from the organization	on's five highest compens n If there is none, enter "I	None "				•
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51 C of (a	omplete f compe	e this table for the organizati nsation from the organization	on's five highest compens n If there is none, enter "I	None "				•
51 C of (a	omplete f compe a) Name	e this table for the organizations from the organization sation from the organization and address of each indepe	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000	(b) Type of service			•
51 C of (a	omplete f comper a) Name	e this table for the organizati nsation from the organization	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000 g over \$100,000	(b) Type of service			•
51 C of (a	omplete f comper a) Name	e this table for the organizations from the organization is and address of each indepe	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000 g over \$100,000 n 501(c)(3) organization	(b) Type of service ▶ ns and 4947(a)(1)		compens	•
51 C of (a	Total nu Did the nonexe	e this table for the organizations from the organization sation from the organization and address of each independent of organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation No
51 C of (a	Total nu Did the nonexe	umber of other independent of organization of perjury, I declare that I have	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation No
d sign	Total nu Did the nonexe	umber of other independent of organization organization organization organization organization organization complete Schempt charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and contains the correct, and contains the correct of perjury or organization organization organization organization complete Schempt charitable trusts must a correct, and contains the correct or of perjury, I declare that I have belief, it is true, correct, and contains the correct of perjury or organization o	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation No
d stanowled	Total nu Did the nonexe	umber of other independent of organization from the organization and address of each independent of organization complete Scheempt charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and contains the correct of other independent of perjury.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation No
d stanowled	Total nu Did the nonexe	umber of other independent of organization complete Scheempt charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and contact the correct of officer signature signature of officer signature signature of officer signature signature of officer signature s	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, including the complete. Declaration of prep	over \$100,000 sover \$100,000	(b) Type of service	(c) C	✓ Yes	sation No
d 52 Junder promowled chowled	Total nu Did the nonexe	umber of other independent of perjury, I declare that I have belief, it is true, correct, and construction of perjury. I declare that I have belief, it is true, correct, and construction of perjury. I declare that I have belief, it is true, correct, and construction of perjury. I declare that I have belief, it is true, correct, and construction of perjury.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclu- complete. Declaration of prep	over \$100,000 sover \$100,000	(b) Type of service	(c) C	✓ Yes	sation No
51 C of (a	Total nu Did the nonexe dige and being a sign of the s	umber of other independent of organization from the organization and address of each independent of the organization complete. Scheen charitable trusts must at the organization complete scheen charitable trusts must at the organization complete. The organization complete scheen charitable trusts must at the organization complete scheen charitable trusts must at the organization complete. The organization complete scheen charitable trusts must at the organization complete scheen complete sc	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclusion omplete. Declaration of prep	over \$100,000 sover \$100,000	(b) Type of service	to the beof which	✓ Yes	sation No

Software ID: 12000229

Software Version: 2012v2.0

EIN: 85-0401145

Name: Corrales Cultural Arts Council

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

		'		,
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linn Vasquez Director	5 00	0		
Caryl Trotter Past President	5 00	0		
Rick Thaler Director	5 00	0		
Lında Parker Dırector	5 00	0		
James M Parker Director	5 00	0		
John McKean Director	5 00	0		
Joann MacKenzie Director	5 00	0		
Greta Keleher Director	5 00	0		
Sue Hoadley Director	5 00	0		
Kırk Gulledge Dırector	5 00	0		
Michael Foris Director	5 00	0		
Susan Evatt Director	5 00	0		
Evelyn Curtis Founder	5 00	0		
Mary Gerhart Secretary	15 00	0		
Suanne Derr Treasurer	15 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

•	•	, ,		
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Franny Dever Vice President	15 00	0		
Joyce Weitzel President	15 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492268004223

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Corrales Cultural Arts Council

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.

Open to Public Inspection

		85-0401145									
	rt I			blic Charity Sta						structions	5.
The	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedı	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). i	Enter the
_	_	hospita	ıl's name, cı	ty, and state							
5	ı	_	•	erated for the benefi	-	or universi	ty owned or o	perated by a	a government	al unit desc	cribed in
	_			A)(iv). (Complete P	•						
6				local government or	_						
7	<u>~</u>			at normally receives			support from	a governme	ntal unit or fr	om the gen	eral public
8	\vdash			on 170(b)(1)(A)(vi). described in sectior			nnlata Dart II	1			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	utions mom	harchin faar	and groce
9	'	_		ities related to its ex					•	-	-
				oss investment inco	· ·	=					
		•						•		tax) II o III bi	usillesses
10	_	•	-	janization after June	•			•	-		
10	<u> </u>	_		ganized and operated	•		•		. , . ,		
11	ı			ganized and operated ly supported organiz							
				bes the type of supp						ee section :	oos(a)(s). Check
				b						n-function	ally integrated
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not conti	rolled directly	or indirectl	y by one or m	nore disqua	lified persons
				on managers and otl	her than one	or more pub	olicly support	ed organızat	ions describe	ed in sectio	n 509(a)(1) or
_			509(a)(2)			f the TD	C +b - b . b :	T I T	- II T	TTT	
f			rganization this box	received a written de	etermination	from the 1K	S that it is a	iype i, iyp	e II, or Type	III Support	ing organization,
g				2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		'
_			ng persons?			, -		·			
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No
		•		governing body of th		5	n?				y(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				
					Γ						
•	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is t		(vii) A mount of
	suppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizati col (i) orga		monetary support
UI.	yanız	ation		lines 1- 9 above	your gove		suppor		in the U		Support
				or IRC section	docume	_		•			
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
Total	1										†

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 31,854 23,384 35,121 33,270 60,132 183,761 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 31,854 23,384 35,121 33,270 60.132 183,761 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 183,761 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 31,854 23,384 35,121 33,270 60,132 183,761 Amounts from line 4 Gross income from interest, dividends, payments received on 91 91 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 2,490 5,054 7,544 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 191,396 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 96 010 % Public support percentage for 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
4.4	11, and 12)				6.6th +	F01/-\/2\	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	c Support De	rcontogo				<u> </u>
	ction C. Computation of Publi Public support percentage for 2012 (1.2 solumn (f))		1 1	
15				13, Column (1))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
18	Investment income percentage from					 	
					l	18	
19a	33 1/3% support tests—2012. If the o						id line 1 / is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

DLN: 93492268004223

SCHEDULE 0 (Form 990 or 990-EZ) Department of the Treasury

Return

Reference

Internal Revenue Service

ldentifier

Name of the organization Corrales Cultural Arts Council

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

▶ Attach to Form 990 or 990-EZ.

Explanation

Employer identification number 85-0401145

Form 990-EZ, General Explanation 3		Article 6 Section 1 The Board may, by a majority vote of its members, designate an Executive Committee consisting of the Officers and two Board members and may delegate to such committee the powers and authority of the Board in the management of the business and affairs of the corporation, to the extent permitted, and except as may otherwise be provided, by provisions of law. By a majority vote of its members, the Board may at any time revoke or modify any or all of the Executive Committee authority so delegated, increase or decrease but not below two (2) the number of the members of the Executive Committee, and fill vacancies on the Executive Committee shall keep regular minutes of its proceedings, cause them to be filed with the corporate records, and report the same to the Board from time to time as the Board may require Article 6 Section 3. The Board will ill select, with or without compensation, an Artistic Director (who may or may not be a member of the Board) who will head a committee to select artists for the coming year and make all arrangements for their compensation, travel, lodging, and education outreach participation. The Board will also select from its membership 2 or 3 persons as members of the Artist Selection Committee. The Artistic Director is not an elected position, thus not an officer of the Board. The Committee will operate under a budget agreed upon at the Annual Meeting. The budget will specifically state the apportionment of funds allotted for artist fees, travel, lodging, and education outreach Article 7. Section 1. The Board, except as otherwise provided in these Bylaws, may by resolution authorize any officer or agent of the corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances. Unless so authorized, no officer, agent, or employee shall have any power or authority to make progression and the progression of the payment of money, and other evidenc
Form 990-EZ, General Explanation 2	Part V Line 34 change to organization documents	Code The ByLaws of Corraine Cultural Arts Council were suprificantly modified. A surmary of the ByLaws changed follows Article 3. Section 2. The spendr objectives and purposes of this coporation shall be all to him parformances of professional quality to the Village of Corraine at an affordable cost to underlies, bill or promote muscal performances and music education in the Albuquerque metropolitan area and surrounding communities, through muscal education outreach actives in public and pravise schools artimated on the communities of the
Form 990-EZ, General Explanation 1	IRS Form 990- EZ Line 17	reasonable hours exhibit books IThe IRS Form 990EZ does not reflect total expenses by function. Line 17 Total Expenses' functional classifications are as follows Program \$63,757Management & General 4,421Fundraising 292Total \$68,470
Form 990-EZ, Part I, Line 16 8 Form 990-EZ,	Other Expenses 8 Other	Licenses and fees \$10 Board expenses \$90
Part I, Line 16 7 Form 990-EZ,	Expenses 7 Other	Telephone \$250
Part I, Line 16 6 Form 990-EZ,	Other	Supplies \$452
Part I, Line 16 5 Form 990-EZ, Part I, Line	Other Expenses 3	Program brochures \$2916
Form 990-EZ, Part I, Line	Other Expenses 1	Equipment rental & mainteance \$6114
16 1 Form 990-EZ, Part I, Line	Other Expenses 1012	Insurance \$1764
16 1012 Form 990-EZ, Part I, Line	Other Expenses 1009	Depreciation \$1257
16 1009 Form 990-EZ, Part I, Line	Other Expenses 1005	Travel \$2533
16 1005 Form 990-EZ, Part I, Line	Other Expenses 1003	Information Technology \$586
16 1003 Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$814
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$6269