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-Form

Department of the Treasury Internal Revenue Service

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

### 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

OMB No 1545-0047 2012 Open to Public Inspection

Α	For the 2012	calendar year, or tax year beginning $09/01/12$ , and ending $08/31$	/13	_				
	Check if applicable	C Name of organization		D Employ	er identification number			
	Address change	THE MAY CENTER FOR LEARNING						
$\bar{\Box}$	Name change	Doing Business As		45-	4500854			
$\equiv$	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number				
$\square$	Initial return	2019 GALISTEO BUILDING	В	505	<u>-983-7407</u>			
Ш	Terminated	City, town or post office, state, and ZIP code						
	Amended return	SANTA FE NM 87505		<b>G</b> Gross rece	ipts\$ 406,981			
	Application pending	F Name and address of principal officer	H(a) Is this a g	aroup return for s	ffiliates? Yes X No			
_		AMY J MILLER	11(4) 13 (1113 4 9	group return for a				
		2019 GALISTEO BUILDING B	H(b) Are all at					
		SANTA FE NM 87505	If "No	o," attach a list	(see instructions)			
<u>ı</u>	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527						
J	Website >	www.maycenter.org	H(c) Group ex					
ĸ	Form of organizatio	Trust Association Other ► L	Year of formation 2	2011	M State of legal domicile NM			
<u>F</u>	art I S	um <u>mary</u>						
	1 Briefly o	escribe the organization's mission or most significant activities						
ø	See	Schedule 0						
2								
Ę.								
ē								
ó	2 Check t	his box $lacktriangle$ if the organization discontinued its operations or disposed of more than	25% of its net as	sets				
الام	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12			
Ş	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	10			
ij	5 Total nu	imber of individuals employed in calendar year 2012 (Part V, line 2a)		5	19			
Activities & Governance	6 Total no	imber of volunteers (estimate if necessary)		6	0			
Ĭ		related business revenue from Part VIII, column (C), line 12		7a	0			
-				7a 7b	0			
ı—	b Net unr	elated business taxable income from Form 990-T, line 34	Prior Ye		Current Year			
	8 Contrib	utions and grants (Part VIII, line 1h)		5,579	31,197			
Ē	0 Program			6,442	375,784			
Revenue	9 Program	n service revenue (Part VIII, line 2g)		0,112	0			
Ş.	10 Investm	ent income (Part VIII, column (A), lines 3, A and JUL 2 2 2014			0			
	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, dc, dc, 10c, and 11e)		2 021				
	12 Total re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue – add lines 8 through 11 (must equal Part VIII column (A), line 12)	4	2,021	406,981			
	13 Grants	and similar amounts paid (Part IX, column (A), lines 13757, U			0			
	14 Benefits	s paid to or for members (Part IX, column (A), line 4)			0			
S	15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2	2,047	302,298			
enses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			0			
ğ	b Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 3,444						
Exp	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1	2,619	101,941			
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	3	4,666	404,239			
	i	e less expenses Subtract line 18 from line 12		7,355	2,742			
ъ	ß		Beginning of Cu	irrent Year	End of Year			
ets	20 Total as	ssets (Part X, line 16)	3	2,098	247,945			
Ass	21 Total lia	ibilities (Part X, line 26)	2	4,744	237,849			
Net Assets or	22 Net ass	ets or fund balances Subtract line 21 from line 20		7,354	10,096			
	Part II S	ignature Block						
_		f perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the b	nest of my kn	owledge and belief it is			
tı	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowled	lge	( /			
_		$\overline{\Lambda}_{\Lambda}$ , $\overline{\Lambda}_{\Lambda}$		~	7/15/14			
0:	<b>-</b>	Signature of officer		Date	<del>' '3 ' </del>			
	gn /	- '	CUTIVE DI		· /			
HE	еге		COTIVE DI	RECTOR	<u> </u>			
		Type or print name and title	T= .		- LOTIN			
ь.	1	pe preparer's name Preparer's signature	Date	Check	ıf PTIN			
Pa	MICK	LOFTIS VIUC W	07/0	8/14 self-em	<del> </del>			
	eparer Firm's			Firm's EIN ▶	20-2486011			
Us	e Only	6721 Academy Rd NE Ste D	Į					
_	Firm's	Albuquerque, NM 87109-3370		Phone no	505-293-5009			
Ma		uss this return with the preparer shown above? (see instructions)			X Yes No			

917-18,19

Form **990** (2012)

rm 990 (201 <u>2)</u>	THE MAY CENTER E	FOR LEARNING	45-4500854	Page
	tatement of Program Ser			X
	neck if Schedule O contain	ns a response to any question	in this Part III	
See Sch				
2 Did the orga	nization undertake any significar	nt program services during the year v	which were not listed on the	
If "Yes," des	90 or 990-EZ? cribe these new services on Sch			Yes X No
services?	inization cease conducting, or ma scribe these changes on Schedul	ake significant changes in how it con	ducts, any program	Yes X No
4 Describe the expenses S	e organization's program service	accomplishments for each of its thre rganizations are required to report th	ee largest program services, as measured e amount of grants and allocations to oth	
different important this go	Center for Lear nces to be succe nce of communica	ssful, confident lation, collaboration 4 specific successions.	(Revenue ) (Revenue elligent students with learners who recognition, and community. It is attributes: Lite	th learning ze the We accomplish
41- (0-1)	).E		(Days-11)	
4b (Code	) (Expenses \$	including grants of	\$ ) (Revenue	<b>J</b>
4c (Code	) (Expenses \$	including grants of	\$ ) (Revenue	\$
, -	am services (Describe in Sched			<u> </u>
(Expenses	s ur ram service expenses ▶	ncluding grants of \$ 360 , 576	) (Revenue \$	)
Juan progr	a poi tivo expenses	300,310		

Form **990** (2012)

# Part IV Checklist of Required Schedules

	•		Yes	<u>No</u>
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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	Ì	X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Î	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	i	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	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	1		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	Х	
14a		14a		X
þ				!
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 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 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>

Pa	Triv Checklist of Required Schedules (continued)			
			Yes	<u>No</u>
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			37
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			<b>3</b> 7
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u> </u>
24a				
	\$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		<u> </u>
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		l
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		ļ	
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	ļ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	<b>l</b> .		
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		4,5	
	19? Note, All Form 990 filers are required to complete Schedule O	38	X	1

Form **990** (2012)

	990 (2012) THE PAT CENTER FOR LEARNING 45-450	J634		P	'age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
	oncok il concedule o contains a response to any question in this r art v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0		163	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>	7		
	reportable gaming (gambling) winnings to prize winners?		1c	1	1
2a		1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	_2b	X	L_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		_3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	j	]	J
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial			
	account)?		_4a	ļ	X
þ	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 Financia	I Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_ 5a	-	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	_5b	ļ	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he		}	
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	}	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			ł
_	gifts were not tax deductible?		6b	ļ	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).	anada			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	goods	70	1	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	<del> </del>	A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vae	76	<del> </del>	<del>                                     </del>
·	required to file Form 8282?	as	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1.0	<b>-</b>	<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	<u> </u>	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	1	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h	<b>†</b>	X
8	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	9		1	
	organization, have excess business holdings at any time during the year?		8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	<u> </u>	<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[ 10b ]	_		
11	Section 501(c)(12) organizations. Enter	11			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11		1	
	against amounts due or received from them )	11b	┥	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	├─	╂
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	$\dashv$		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		425	<del> </del>	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<del> </del>	-
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which				
~	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	_		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
_	If "Yes " has it filed a Form 720 to report these navments? If "No " provide an explanation in Schedu	مام ۱	145	<b>-</b>	<del>                                     </del>

Part VI

Form 990 (2012) THE MAY CENTER FOR LEARNING

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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 12 Enter the number of voting members of the governing body at the end of the tax year 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 O 10 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b 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 16a X with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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) available 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 financial 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 > REALITY CHECK INC. 2019 GALISTEO BUILDING B SANTA FE NM 87505 505-983-7407

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	012/ ====================================		
Part VII	Compensation of Officers, Directors, Trustees	s, Key Employees, Highest Compensated E	mployees, and
	Independent Contractors		

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	k, unle	ess pe	ition more rson i	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIGC)	organization and related organizations	
(1) AMY MILLER											
	40.00			!				05.506		•	
PRESIDENT/ED	0.00	X	<u> </u>	X		$\vdash$		27,726	0	0	
(2) KAREN LINDEEN	40.00										
SECRETARY/DIR PROG	0.00	x		x				22,591	0	0	
(3) MARK TIARKS		1									
(-,	1.00	Ì				1 1					
TREASURER	0.00	X		X		1		0	0	0	
(4) KRISTIN REIDY											
	1.00	1		Ì		1 1			16		
DIRECTOR	0.00	X						0	0	0	
(5) JONE HALLMARK											
	1.00								_	_	
DIRECTOR	0.00	X		<u> </u>	<u> </u>			0	0	0	
(6) NATHAN SCHWADE											
	1.00	1		1							
DIRECTOR	0.00	X	<b> </b>	ļ	<u> </u>			0	0	0	
(7) MILTON CARDWELL											
	1.00								_	_	
DIRECTOR	0.00	X	-	<u> </u>	1	$\vdash$		0	0	0	
(8) MARIE CARDWELL	1.00		İ								
D.T.D.W.C.M.C.D.	0.00	x						0	o	o	
DIRECTOR (9) JARRET COWDEN	0.00	╀┸	1	╁	╁			<u> </u>			
(9) DARREI COMDEN	1.00		l								
DIRECTOR	0.00	x		1				0	0	o	
(10) ED GALE	0.00	+**	$\vdash$	+	╁	1					
(, ab Crans	1.00				1						
DIRECTOR	0.00	x		İ	1			0	0	0	
(11) CAROLINE KINGSTO		Ť									
·	1.00										
DIRECTOR	0.00	X						0	0	0	
DAA										Form <b>990</b> (2012)	

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title		(B) (C) Average Position hours per (do not check more than one box, unless person is both an officer and a director/trustee) hours for						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimated amount of other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the programme of t	ition ited	
(12) I	ED KLEINER	1.00					-							
	ECTOR	0.00	x	<u> </u>				<u>_</u>	0		)			0
(13)														
(14)					ļ <u>.</u>									
(15)														
(16)		:							-					·
(17)			-	-		1					-			
(18)				-				-						
(19)														
1b	Sub-total		<u> </u>	1	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	<b></b>	50,317					
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	tion	A			<b>&gt;</b>	50,317					
2	Total number of individuals (in reportable compensation from	ncluding but not n the organizatio	lımıte n ▶	ed to	tho	se lis	sted	abo						
3	Did the organization list any for employee on line 1a? If "Yes,								ployee, or highest compens.	ated		3	Yes	No X
4	For any individual listed on lin organization and related orga	e 1a, is the sum	of r	epor	table	con	npen	satı	on and other compensation complete Schedule J for su	from the uch		4		x
5	individual  Did any person listed on line for services rendered to the o	1a receive or ac	crue	com	pens	satio	n fro	m a	iny unrelated organization o	r individual		5		x
Sect	ion B. Independent Contract	ors												
1	Complete this table for your fi compensation from the organ	ization Report	oens comp	ated ens	inde ation	pen for	dent the c	con	ndar year ending with or wit	hin the organization's tax	year			
	Name and	(A) d business address						+	Descri	(B) ption of services		Cc	(C) impensat	tion
								$\downarrow$			_			
												·		
										<u></u>				
_											- ······			
2	Total number of independent received more than \$100,000	contractors (inc ) of compensation	ludir on fro	ig bu	it not ne or	lımı ganı	ted t zatio	o th n ▶	ose listed above) who	0			000	

Form 990 (2012) THE MAY CENTER FOR LEARNING

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants. and similar amounts not included above 1f 31,197 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 31,197 Program Service Revenue **Busn Code** 375,784 375,784 ACADEMIC FEE INCOME 2a b f All other program service revenue g Total. Add lines 2a-2f 375,784 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (ii) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss)  $\blacktriangleright$ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Busn Code** Miscellaneous Revenue 11a ь d All other revenue Total. Add lines 11a-11d  $\triangleright$ 375,784 406,981 0 Total revenue. See instructions

## Form 990 (2012) THE MAY CENTER FOR LEARNING

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must contains a responsible.  Check if Schedule O contains a responsible.	omplete all columns. All oth	er organizations must com Part IX	piete column (A)	
Da	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and		0.75.10.5	3	······································
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	124,572	112,112	12,460	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	151,740	144,240	7,500	
8	Pension plan accruals and contributions (include	•			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroil taxes	25,986	24,109	1,877	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	1 015	710	1 105	
	(A) amount, list line 11g expenses on Schedule O)	1,815	710 1,675	1,105	
12	5 ,	1,675	1,6/5	2,589	
13	Office expenses	2,589		623	
14	Information technology	623		023	
15	Royalties	44,975	40,475	4,500	
16	Occupancy	2,856	2,856	4,500	
17	Travel	2,830	2,830		
18	Payments of travel or entertainment expenses				
4.0	for any federal, state, or local public officials	12,065	12,065		
19	Conferences, conventions, and meetings	12,000	12,000		
20	Interest				-
21 22	Payments to affiliates  Depreciation, depletion, and amortization	596		596	
23	Insurance	3,506		3,506	
24	Other expenses Itemize expenses not covered				······································
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	PRINCE C MERCUTIC MAMPRIAT	11,700	11,700		
b	TO STATE OF THE ST	10,088	10,088		
C	OTT MILITAMIANI	2,576			2,576
d	OFFICE SUPPLIES	2,516		2,516	
е	All other expenses	4,361	546	2,947	868
25	Total functional expenses. Add lines 1 through 24e	404,239	360,576	40,219	3,444
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ if	1			
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012)
~~~					() (-)

Form 990 (2012) THE MAY CENTER FOR LEARNING

**Balance Sheet** Part X Check'if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 17,971 205,490 Cash-non-interest bearing 6,316 2 Savings and temporary cash investments Pledges and grants receivable, net 3 22,572 400 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 2,000 8,933 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 6,737 10a other basis. Complete Part VI of Schedule D. <del>59</del>6 1,297 6,141 10c b Less accumulated depreciation 10b 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 4,114 4,809 247,945 15 15 Other assets See Part IV, line 11 32,098 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 568 17 Accounts payable and accrued expenses 17 18 18 Grants payable 24,176 203,535 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 32,650 of Schedule D 24,744 237,849 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 7,354 10,096 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 7,354 10,096 33 Total net assets or fund balances 33 247,945 32,098 Total liabilities and net assets/fund balances

orm	990 (2012) THE MAY CENTER FOR LEARNING	45-4500854 <u> </u>			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part	t XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			981
2	Total expenses (must equal Part IX, column (A), line 25)		2	4(		<u> 239</u>
3	Revenue less expenses Subtract line 2 from line 1		3		2,	<u>742</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	<b>(</b> ))	4		<u>7,:</u>	<u>354</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part	t X, line				
	33, column (B))		10		10,	<u>096</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Par	t XII				
		_			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other		_		
	If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent a	accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate	te 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 we	re audited on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate	te basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an indep	endent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the	tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization di	id not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to un	dergo such audits		3b		

Form **990** (2012)

### 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					
	THE	MAY	CENTER	FOR	LEARNING

Employer identification number 45-4500854

	¥	B	for Dublic Ob - 14	01 1 (11)			41. 1			<del></del>			
	art I			Status (All organizations				art) Se	e inst	ruction	is		
The	orgai			e it is (For lines 1 through 11,									
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	)(A)(i).						
2	X	A school des	cribed in <b>section 170(b)(1)(</b>	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servi	ce organization described in <mark>se</mark>	ction 170	(b)(1)(A)(	iii).						
4		A medical res	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	spital's name	€,	
		city, and state	е										
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnme	ental uni	descri	bed in			
			b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	,	, ,							
6		•		overnmental unit described in s	ection 17	0(b)(1)(A	)(v).						
7	H		•	substantial part of its support fr				from the	genera	il nublic			
•		-	section 170(b)(1)(A)(vi). (C		om a gove	, , , , , , , , , , , , , , , , , , ,	anne on t		genere	ii pabilo			
8				170(b)(1)(A)(vi). (Complete Par	• II \								
9	H	•							- 6000				
3	Ш	=		1) more than 33 1/3% of its sup						_	SS		
		·=		npt functions—subject to certain	-	-	-						
			=	nd unrelated business taxable in	-			() from b	usines	ses			
		*		0, 1975 See section 509(a)(2)									
10	Щ	-	•	exclusively to test for public saf	=								
11	Ш	_	•	exclusively for the benefit of, to	-		•	•					
				ed organizations described in s					•	section			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizat			nes 11e	through	11h				
		a U Type		c Type III–Function	•		d [				ionally integra	ited	
6		By checking t	this box, I certify that the org	janization is not controlled direc	tly or indir	ectly by c	ne or m	ore disq	ualıfied	person	s		
		other than for	undation managers and other	er than one or more publicly sup	ported or	ganızatıor	is descr	ibed in s	ection	509(a)(1	1)		
		or section 50	9(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I,	Type II,	ог Туре	III suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
_		following per	sons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (	ıı) and				Yes	No
			w, the governing body of the	· · · · · · · · · · · · · · · · · · ·	•		`	. •			11g(i)		
			member of a person descri	•							11g(II)		
		•	•	described in (i) or (ii) above?							11g(ııı		
h				the supported organization(s)							(·· <u>g</u> (	<u>/</u>	<u></u>
	ı Namı	e of supported	(II) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Amount	of mone	201
,		anization	(, 2	(described on lines 1–9	1 ' '	sted in your		nization in	organizat		supp		шу
			}	above or IRC section	governing	document?		of your		zed in the S ?			
				(see instructions))	Yes	No	Yes	port?	Yes	No			
<u></u> _					168		168	NO	165	NO			
(A)					1	1	}	Ì	l				
					<del> </del>	<del> </del>		<del></del>	<del> </del> -	1	<del> </del>		
(B)													
					<del> </del>	<b>├</b> ──		<del></del>	<del> </del>	1			
(C)				1									
					<del> </del>			L					
(D)					}	1		ł					
					<del> </del>	<u> </u>		ļ		ļ <b>.</b>	<u> </u>		
(E)					1								
					<u> </u>	<u> </u>							
						1							
Tota	1		ŧ	1	1	ŧ		1	1	∄ l			

4	5	_	Δ	5	n	n	Ω	5	Δ	

Page 2

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)

Sec	ion A. Public Support						
Calen	dar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
3	The value of services or facilities furnished by a governmental unit to the organization without charge			···-			
4	Total. Add lines 1 through 3			·····			
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)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
	tion B. Total Support				·	·	
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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 through 10				<u></u>		
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	. —
_	organization, check this box and stop her						<b>&gt;</b>
	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6			nn (f))		14	<u>%</u>
15	Public support percentage from 2011 Sch			40	22.4/20/	15_	<u>%</u>
16a	33 1/3% support test—2012. If the organ				33 1/3% or more,	cneck this	▶ □
h	box and stop here. The organization qual	, ,			15 is 33 1/3% or m	ore	
b	33 1/3% support test—2011. If the organicheck this box and stop here. The organi				13 15 33 1/3 /6 01 11	iore,	▶ □
17a	·				6a, or 16b, and line	e 14 ıs	, <sub>—</sub>
	10% or more, and if the organization mee	_					
	Part IV how the organization meets the "fa						
	organization					•	▶ □
b		11. If the organizat	tion did not check	a box on line 13, 1	6a, 16b, or 17a, ar	nd line	
	15 is 10% or more, and if the organization						•
	Explain in Part IV how the organization me	eets the "facts-and	d-circumstances" t	est. The organizat	ion qualifies as a p	ublicly	
	supported organization						▶ [
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 10	6b, 17a, or 17b, ch	neck this box and s	ee	. —
	Instructions						▶ ∐

Page 3

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

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

Sect	tion A. Public Support	· · ·						
	dar 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, 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 furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						_	
7a	Amounts included on lines 1, 2, 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)		<u>L</u>	<u> </u>	<u> </u>	<u> </u>		
	tion B. Total Support  ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
	• • • • •	(a) 2006	(6) 2009	(6) 2010	(u) 2011	(e) 2012		(i) Total
9 10a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						+	<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						-	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ve	ear as a section 50	)1(c)(3)		
• •	organization, check this box and stop her		· · · · · ·					<b>.</b>
Sec	tion C. Computation of Public Si	upport Percen	tage					
15	Public support percentage for 2012 (line 8	3, column (f) divide	ed by line 13, colui	mn (f))		<u>  -                                   </u>	15	<u>%</u>
<u>16</u>	Public support percentage from 2011 Sch						16	%_
	tion D. Computation of Investme						<u> </u>	
17	Investment income percentage for 2012 (			3, column (f))		<del>  -</del>	17	<u>%</u>
18	Investment income percentage from 2011	Schedule A, Part	: III, line 17	o 14 and less 15 :	e more than 32 1/	_	18	
19a	33 1/3% support tests—2012. If the organization is not more than 33 1/3%, check this b							▶ □
ь	33 1/3% support tests—2011. If the orga						nd	• 🗆
	line 18 is not more than 33 1/3%, check the							▶ 🗍
20	Private foundation. If the organization di							

Schedule A (Form 990 or 990-EZ) 2012 THE MAY CENTER FOR LEARNING

45-4500854

Page 4

Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part'II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 45-4500854 THE MAY CENTER FOR LEARNING Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

		CENTER FOR					500854			age 2
	rt III Organizations Maintaini Using the organization's acquisition, acces							s (continu	ied)	
3	collection items (check all that apply)	sion, and other record	is, check a	any or the for	lowing that ar	e a sigiiiii	Cant use or its			
а	Public exhibition	d 🗌	Loan or e	exchange proj	grams					
b	Scholarly research	е 🗌	Other							
С	Preservation for future generations									
4	Provide a description of the organization's XIII	collections and explai	n how the	y further the	organization's	exempt	purpose in Part			
5	During the year, did the organization solici	t or receive donations	of art, hist	torical treasui	res, or other :	sımılar				
	assets to be sold to raise funds rather than							Ye	_	No
Pa	rt IV Escrow and Custodial A line 9, or reported an amo				nization ans	swered '	"Yes" to Form 9	90, Part I	<b>V</b> ,	
1a	Is the organization an agent, trustee, custo				or other asset	s not				
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing ta	ble			<del></del>			
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance						1f			<del></del>
	Did the organization include an amount on				5			∐ Ye	s	∐ No
*****	If "Yes," explain the arrangement in Part X  rt V Endowment Funds. Com						Part IV line 10			1
Pā	rt V Endowment Funds. Com	(a) Current year		) Prior year	(c) Two year		(d) Three years back	(e) Four	vears	hack
4-	Personner of year balance	(a) Current year	(6)	Thoryear	(0) 140 900	- Duck	(a) Three years back	(6) 1 54	years	Duck
	Beginning of year balance Contributions		1							
	Net investment earnings, gains, and		1							
·	losses									
d	Grants or scholarships	-								
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance					-				
2	Provide the estimated percentage of the c	urrent year end balan	ce (line 1g	i, column (a))	held as					
а	Board designated or quasi-endowment ▶	%								
þ	Permanent endowment ▶ %	6								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c sl	•								
3a	Are there endowment funds not in the pos	session of the organiz	zation that	are held and	administered	for the		ſ		Τ.,
	organization by							0-43	Yes	No
	(i) unrelated organizations							3a(i)	-	+-
	(ii) related organizations	and listed as required	an Sahad	ulo B2				3a(ii) 3b		<del> </del>
_	If "Yes" to 3a(ii), are the related organizati							30		J
4 Pa	Describe in Part XIII the intended uses of int VI Land, Buildings, and Eq				e 10					
1 10	Description of property	(a) Cost or other		(b) Cost or		(c)	Accumulated	(d) Book	value	
	,	(investmen		(oth		d	epreciation			
1a	Land									
	Buildings									
	Leasehold improvements				4,114		53		4,	061
	Equipment				2,623		543			080
	Other									
Tota	I. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Pa	art X, colur	mn (B), line 1	0(c))		•		6,	141

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

32,650

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Sche	dule D (Form 990) 2012 THE MAY CENTER FOR LEARNING	45-4	500854	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statement	ents With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expens	es per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	_
₽ŧ	ut XIII Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

#### SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### **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

THE MAY CENTER FOR LEARNING

Employer identification number 45-4500854

Pa	art 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	Х	ļ
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,		х	1
	programs, and scholarships?	2	<b></b>	ļ
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	x	Ì
	THIS IS INCLUDED ON THE ORGANIZATION'S WEBSITE.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			$\vdash$
	nondiscriminatory basis?	4b	Х	
Ç	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	ļ
	if you answered tho 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			
а	Students' rights or privileges?	5a	1	x
_	Octobrito Highlic of phylloges	<u> </u>	<u> </u>	
b	Admissions policies?	5b		x
_		<u> </u>		
С	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d	1	x
				<u> </u>
е	Educational policies?	5e		X
f	Use of facilities?	5f		x
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	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		x
b	Has the organization's right to such aid ever been revoked or suspended?	6b	l	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II		· · · · ·	1
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	x	

Schedule E (Form 990 or 990-EZ) (2012)

THE MAY CENTER FOR LEARNING

45-4500854

Page 2

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

SCHEDULE O .(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE MAY CENTER FOR LEARNING

Employer identification number 45-4500854

Form 990 - Organization's Mission or Most Significant Activities

The May Center for Learning empowers intelligent students with learning

differences to be successful, confident learners who recognize the

importance of communication, collaboration, and community. We accomplish

this goal by focusing on 4 specific success attributes: Literacy,

Empowerment, Advocacy, and Principles.

Students with learning differences are intelligent learners capable of success in school and in their communities, provided that they are taught the skills necessary for academic and communal success. These skills include reading, writing, organization, self-management, communication, collaboration, problem-solving, trust-building, empathy, and creative vision. Students must recognize that these skills are important not only for their own personal success; they are important for the growth and prosperity of their community as well. In this way, students are encouraged to take ownership of their learning experiences, their responsibilities toward themselves, their classmates, their school, and the community around them.

The May Center is also committed to developing the understanding of learning differences within our community by providing information, consultation, and workshops to educators, families, and the greater community of Northern New Mexico.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 BOARD OF DIRECTORS IS PROVIDED A DRAFT OF THE RETURN FOR COMMENT AND APPROPUAL PRIOR TO FILING.

#### THE MAY CENTER FOR LEARNING

Employer identification number 45-4500854

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

POSSIBLE CONFLITCS OF INTEREST OF BOARD MEMBERS ARE REQUIRED TO BE

DISCLOSED ANNUALLY TO OTHER BOARD MEMBERS AND MANAGEMENT. BOARD MEMBERS

THAT HAVE A POSSIBLE CONFLICT OF INTEREST SHALL NOT VOTE OR USE PERSONAL INFLUENCE RELATED TO THE SPECIFIC CONFLICT OF INTEREST MATTER.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD OF DIRECTOS APPROVES MANAGEMENT OFFICAL COMPENSATION AS PART OF
THE ANNUAL BUDGETING PROCESS.

Form 990, Part VI, Line 15b - Compensation Process for Officers
THE BOARD OF DIRECTOS APPROVES COMPENSATION OF OFFICERS AS PART OF
THE ANNUAL BUDGETING PROCESS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MAINTAINED AT THE OFFICE AND ARE AVAILABLE UPON REQUEST.

1020 THE MAY CENTER FOR LEARNING 45-4500854 FYE: 8/31/2013	S Federal Statements	tements		7/8/2014 3:50 PM ·
Form 990, Part IX,		Line 11g - Other Fees for Service (Non-employee)	employee)	. ,
Description OTHER PROFESSIONAL SERVICES Total	Total Expenses \$ 1,815 \$ 1,815	Program Service \$ 710	Management & General	Fund Raising
	Form 990, Part IX, Line 24e	IX, Line 24e - All Other Expenses		
Description	Total	Program Service	Managel Gene	Fund Raising
OTHER EXPENSES EQUIPMENT LEASE LICENSES & FEES DUES & SUBSCRIPTIONS	\$ 1,649 1,322 895 495	\$ 546	\$ 235 1,322 895 495	898 8
Total	\$ 4,361	\$ 546	\$ 2,947	\$ 868

\_\_\_\_\_

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