

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



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending October 31 20 14 November 1 D Employer identification number В C Name of organization Scottish Fiddlers of California Check if applicable Doing Business As Address change 95-4063752 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 707-527-0693 1502 Kona Place City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return 880.803 Santa Rosa, CA 95403 H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer Application pending Alasdair Fraser, President P.O. Box 219, Nevada City, CA 95959 H(b) Are all subordinates included? Yes No If "No." attach a list (see instructions) 501(c) (501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization \(\bar{\psi} \) Corporation \(\bar{\psi} \) Trust Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Educate the general public in the art of Scottish traditional music, associated dance forms, and other art forms. Activities include two annual week-long schools, periodic Governance workshops, dissemination of educational materials, public performances, sponsorship of community-based performance groups. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Activities & 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 99 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 345,374 44,402 Revenue 9 Program service revenue (Part VIII, line 2g) 455,743 504,406 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 230 2,504 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 3,308 5,683 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 503.683 857,966 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 Benefits paid to proper memory (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16.440 37,378 Professional fundraising fees (Part X) column (A), line 11e)
Total fundraising expenses (Part IX) column (D), line 25)
Other expenses (Part IX) column (A), lines 11a–11d, 11f–24e) 16a 17 464,996 409,167 (must equal Part IX, column (A), line 25) 18 481,436 446,545 Revenue less expenses. Subtract line 18 from line 12 22.247 411.421 **Beginning of Current Year** End of Year Total assets (Part X, line 16) **Ssets** Balan 20 541,150 952,571 21 Total liabilities (Part X. line 26) 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 541,150 952,571 Part II Signature Block 쎠, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjury, I declare th true, correct, and complete De icer) is based on all information of which preparer has any knowledge Sign Date Here IREASURER Type or print name and title Print/Type preparer's name Date Paid Check | if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



Yes No Form **990** (2013)



	· · · · · · · · · · · · · · · · · · ·				
Part					
	Check if Schedule O contains a		any line in this Part	<u>III</u>	
1	Briefly describe the organization's mis		enditional Eddle'	and dones of Cooking	
	Our goal is to teach, preserve, perform, We provide opportunities for personal g				ated fiddling
	we provide opportunities for personal g genres in a supportive community learn			fore Scottish flodie and rela	
2	Did the organization undertake any si				
	prior Form 990 or 990-EZ?				☐ Yes 🗹 No
_	If "Yes," describe these new services		ant changes in how	it conducts only proces	
3	Did the organization cease conduct services?			it conducts, any progra	Yes 🗸 No
	If "Yes," describe these changes on S				□ 162 140
4	Describe the organization's program		ents for each of its thr	ee largest program servic	es, as measured by
	expenses Section 501(c)(3) and 501(
	the total expenses, and revenue, if an	y, for each program se	ervice reported.		
	(0)			0 \ /D	
4a	(Code: 611610) (Expenses \$		grants of \$	U) (Revenue \$	377,662)
	Instruction in Scottish music and dance Two (2) week-long instructional camps v		ddle mandelin cuite-	rella singing dance and -	arniccion se wall se
	workshop and discussions on history, s		····		
	participants, including 20 instructors an				
	Workshops at San Francisco Scottish F	iddler meetings - 7 wor	kshops, approximately	300 attendees	
	•••••				
	Scottish Fiddlers of Los Angeles works	hop - 1 in the Los Ange	les area, 16 attendees		
	•				
4b	(Code: 711130) (Expenses \$	130,083 including (grants of \$	0) (Revenue \$	116,573)
	Public performance of Scottish music a	nd dance and sponsors	ship of community base	d performance groups:	· · · · · · · · · · · · · · · · · · ·
	Sierra Fiddle Camp Concert, Nevada Cit	y, CA - culminating per	formance by camp atte	ndees, 150 performers, 500	audience
			b		
	Valley of the Moon Concert, Santa Cruz,	CA - culminating perio	ormance by camp attend	iees, 200 performers, 737 a	ualence
	San Francisco Scottish Fiddlers "Follow	the Fiddle Tour" - 84 r	nusicians toured Californ	rnia, 7 venues with 150-500	audience (total est
	2815 audience) (Chico, Modesto, Murph				
	San Francisco Scottish Fiddlers commu			benefits/community outre	ach, 20-84 performers
	at each, 264 audience total				
	Scottish Fiddlers of Los Angeles - Sprin	g concert and 8 comm	unity based performand	es, 6-30 performers, 50-375	audience (approx
4c	1465 estimated total audiences) (Code: 611610) (Expenses \$	5.378 including o	arants of \$	0) (Revenue \$	10.171)
70	Dissemination of educational materials:		,		
	Camp shops at Valley of the Moon and		s carry transcribed and	recorded fiddle music as w	ell as instructional
	videos, DVDs, CDs, and books; sound (
	San Francisco Scottish Fiddlers: month	· 		M	
	library of over 900 traditional and conte				to members upon
	request at cost; informational booths w	vere starred at various o	community based perfor	rmances	
	Scottish Fiddlers of LA - 37 members re	ceive sheet music and	access to sound files o	f tunes: maintain an email	and postal list of
	folks interested in learning about perfor				
4d	Other program services (Describe in S				
	 	g grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	434,567			

ait	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
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		✓
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		✓
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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		√
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		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	į	√
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		√
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	V
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		· ·

Form 99	、 0 (2013)		ı	eage 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	•	√
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		▼
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		✓
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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
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		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part I</i>	31		▼
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u>
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	-1	✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

0/11/ 55	0 (2013)			age e
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		<u>;</u>	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		ĺ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_	ŀ	,
	account)?	4a	ļ	✓
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 -	 -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	1	
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	V	
C	required to file Form 8282?	7c		1
a	If "Yes," indicate the number of Forms 8282 filed during the year	-70		-
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	İ	
11	Section 501(c)(12) organizations. Enter:	1	i	
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1]	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand	 -		ļ.,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	/ _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	l

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Scheck if Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.
Secti	on A. Governing Body and Management			,
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0	<u>J</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	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 one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9	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	9	√	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
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		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓_
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	oolicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Robert Klamt, 1502 Kona PI, Santa Rosa, CA 95403 (707-527-0693); Please see Schedule O for Secretary			

Form	aan	(2013)	ı

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors				_	•		

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 no	or any relate	d org	<u>anız</u>			ompe	ensa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	not ch unles	Pos eck s pe	rson	e than o is both or/trus	n an		(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Alasdair Fraser, President	3			1				13,940	o	
(2) Sally Ashcraft, Vice-President	3			\				0		
(3) Janice Tappan, Secretary	1			~				0	0	
(4) Robert Klamt, Treasurer	8			1				1,000	0	
(5) Margaret Clark, Registrar	4			✓				1,000		
(6)								1,000	<u>`</u>	
(7)										
(8)										
(9)										
(10)										-
(11)	-									
(12)										
(13)	-									
(14)							_			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (continu	ed)		
	(A) Name and title	(B) Average hours per week (list any	box, ι	ot ch unles	Pos eck s pe	rson	than out the thick the thi	an tee)	(D) Reportable compensation from	(E) Reportab compensation related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compo from organ and	ensatior m the nization related lizations	ì
(15)												 ,		
(16)														
(17)														
(18)														
(19)								-			-			
(20)														
(21)														
(22)													-	
(23)														
(24)					-	<u> </u>	<u></u>	-						
(25)														-
1b	Sub-total	<u> </u>	L			L		<u> </u>	15,940		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	>	0 15,940		0			0
2	Total number of individuals (including but	not limited						e) w		ore than \$1		of		
	reportable compensation from the organi		<u>. </u>										Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> 3							emp 	oloyee, or high	est compe	nsated 	3		1
4	For any individual listed on line 1a, is the organization and related organizations													
_	ındıvıdual	·										4		1
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		✓
Section 1	on B. Independent Contractors Complete this table for your five highest of	romnensati	ed inc	lene	-nd	ent	contr	acto	ore that receive	ed more tha	n \$100	OOD of		
	compensation from the organization. Repyear.													ìх
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
none t	o report							_						
								-						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue				-	
		Check if Schedule O contains a re	sponse or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a	0		, ,		
irar oun	b	Membership dues 1b	0				
s, G Am	С	Fundraising events 10	10,216				
Gift	d	Related organizations 10	0				
ıs, (е	Government grants (contributions) 16	0				
tior er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 11					
on tr	g	Noncash contributions included in lines 1a-1f \$					
	<u>h</u>	Total. Add lines 1a-1f		345,374			
JE .	_		Business Code				
eve	2a	instruction in music and dance	611610	377,662	377,662	0	0
e R	Ь	public performances	711130	116,573	116,573	0	0
Zi	C	dissemination of educational mat	611610	10,171	10,171	0	0
S	d		-				
Lau	e	All other program convocations					
Program Service Revenue	f g	All other program service revenue. Total. Add lines 2a–2f		0 504,406	0	0	0
	3	Investment income (including divi		304,400			
		· · · · · · · · · · · · · · · · · · ·		2,504	2,504	o	0
	4	Income from investment of tax-exempt	bond proceeds▶	2,304	0	0	0
	5	Royalties	_	0	0	0	0
	-	(i) Real	(ii) Personal			!	
	6a	Gross rents .	0 0				
	b	Less: rental expenses	0 0				
	С	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	0 0				
	b	Less. cost or other basis					
		and sales expenses .	0 0			!	
	С	· /	0 0				J
	d	Net gain or (loss)	▶	0	0	0	0
e e	8a	Gross income from fundraising					
e e		events (not including \$ 10,216					
Other Reven		of contributions reported on line 1c)					
ē		See Part IV, line 18	a0				
튬	b	Less: direct expenses	b0				
		Net income or (loss) from fundraisin		o		0	0
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
			b 0				
	C	Net income or (loss) from gaming ac		0	. 0	0	0
	iva	Gross sales of inventory, less returns and allowances					
	_		a 28,520				
	b	Less: cost of goods sold Net income or (loss) from sales of in	b 22,291 ventory ▶				
	-	Miscellaneous Revenue	Business Code	6,229	6,229	0	0
	11a		545111035 0048				
	b	none to report					 _
	c						
	ď	All other revenue					
	e	Total. Add lines 11a–11d	▶	0			
	12	Total revenue. See instructions.	🕨	858,512	513,139		

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respons			· · · · · · ·	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 33,745	0 30,965	2,780	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	o	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	3,632	3,259	374	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b	Legal	0	. 0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	. 0		· · · · · · · · · · · · · · · · · · ·	0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,120	49,120	0	0
12	Advertising and promotion	9,904	9,904	0	0
13	Office expenses	2,666	0	2,666	0
14	Information technology	1,044	1,044	0	0
15	Royalties	546	546	0	0
16	Occupancy	178,754	178,754	0	0
17 18	Payments of travel or entertainment expenses	17,365	17,365	0	0
10	for any federal, state, or local public officials	0	0	0	0
19 20	Conferences, conventions, and meetings . Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	4,190	4,190		0
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.)	4,130	4,130		
а	public performance expenses	117,537	117,537	0	0
b	dissemination of educational materials	4,334	4,334	0	0
С	equipment rental	17,550	17,550	0	0
d					
е	All other expenses miscellaneous	6,703	0	6,703	0
25	Total functional expenses. Add lines 1 through 24e	447,091	434,567	12,523	0
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 following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing 1 1 383,801 852,406 2 2 Savings and temporary cash investments 149,569 91,625 3 o 3 0 4 Accounts receivable, net 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . 6 0 0 7 7 Notes and loans receivable, net 0 0 Inventories for sale or use 8 7,780 8 8,5<u>4</u>0 Prepaid expenses and deferred charges 9 9 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 10c 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV, line 11 . 12 ol 0 13 Investments—program-related See Part IV, line 11. 0 13 0 0 14 14 0 0 15 15 Other assets. See Part IV, line 11 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 541,150 952,571 17 17 Accounts payable and accrued expenses . 0 0 Grants payable 18 0 18 0 19 Deferred revenue ol 19 0 20 Tax-exempt bond liabilities . . 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 0 Unsecured notes and loans payable to unrelated third parties . . . 24 24 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total liabilities. Add lines 17 through 25 26 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 0 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 n 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 541,150 952,571 33 541,150 33 952,571 34 Total liabilities and net assets/fund balances . . . 34 541,150 952,571

	•				
Form 9	90 (2013)			Pa	age 12
Par	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			58,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	44	17,091
3	Revenue less expenses Subtract line 2 from line 1	3		41	11,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54	11,150
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		95	2,571
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:		1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	.	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer i	dentificatio	n number	
Scott	ish Fiddlers of Cali									63752	
Par			rity Status (All orga						nstruction	ons.	
The 6 1 2	A church, con	vention of churc	ation because it is. (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches	s describe		-		i).		
3 4	A medical rese		spital service organiza on operated in conjuni e						0(b)(1)(A)	(iii). Ente	r the
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit d	escribed in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fron	n the ger	neral public
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre- fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no mor	e than 33	31/3% of its
10 11	An organization	on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	e benefit described	t of, to p	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	
е		indation manage	II c Type II that the organization ers and other than one	ıs not co	ntrolled d	- lirectly or	r indirectl	y by one	or more		ed persons
f		ation received a check this box.	a written determination	on from t	the IRS t	that it is	a Type	I, Type	ll, or Typ	oe III sup 	porting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	•		
			ndirectly controls, eithody of the supported of					describe	dın (ıı) aı	nd 11g(i)	Yes No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in on about the supporte	ı (ı) or (iı) :	above? .					11g(ii) 11g(iii)	 -
(i)	Name of supported organization	(ii) EIN	(ui) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	1	nt of monetary
			(**************************************	Yes	No	Yes	No	Yes	No	1	
(A)											
(B)											
(C)											
(D)											
(E)											· · ·
			-								

	Support Schedule for Organiza	tions Dosor	ibad in Saat	iono 170/h)/1	IVAVist and	170/b\/4\/A\/	Page Z
Part	(Complete only if you checked the						•
	Part III. If the organization fails to						any under
Secti	ion A. Public Support	quality unde	or the tests in	sted below, p	nease compi	ete i art iii.j	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(a) 2009	(5) 2010	(6) 2011	(a) 2012	(6) 2013	(i) Total
	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.						
Sect	ion B. Total Support			•	<u> </u>	<u> </u>	·
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
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						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			=	rear as a section	
Sect	ion C. Computation of Public Suppor	t Percentag	е		-		
14	Public support percentage for 2013 (line 6	6, column (f) di	vided by line 1	11, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization				d line 14 is 33	¹ /3% or more, c	heck this
	box and stop here. The organization qua			_			▶ □
b	331/3% support test—2012. If the organ					e 15 is 331/3%	- -
	check this box and stop here. The organ	-			-		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd stop here. i	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances" itances" test. T	test, check ti	his box and st	op here
	supported organization						🕨 📋

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.)

Secti	on A. Public Support			7 (
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(10, 10.0	(0) 20 / 1	(4) 20 .2	(6, 20.0	(1)
	received (Do not include any "unusual grants")	28,855	38,588	47,947	44,402	345,374	505,165
2	Gross receipts from admissions, merchandise	20,033	30,300	47,547	44,402	343,374	303, 103
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	240 007	424 462	442 274	455 740	504.400	2 472 000
3	Gross receipts from activities that are not an	340,007	431,462	442,371	455,743	504,406	2,173,988
J	unrelated trade or business under section 513	انا		_	_	_	_
		0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid	1					
	to or expended on its behalf	_	_ [_ [_	_	_
_	·	0		0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0	0	0	O	0
6	Total. Add lines 1 through 5.	368,862	470,050	490,318	500,144	849,779	2,679,154
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	210	285	200	200	110	1,005
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	210	285	200	200	110	1,005
8	Public support (Subtract line 7c from						
C4:	line 6.)						2,678,149
	on B. Total Support	() 0000	(1) 0040	() 0044	(1) 0040	4.30040	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	368,862	470,050	490,318	500,144	849,779	2,679,154
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
L	•	4,918	4,814	3,615	230	2,504	16,081
Ь	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			أ		_	_
_		0	0	0	0	0	0
С 11	Add lines 10a and 10b	4,918	4,814	3,615	230	2,504	16,081
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	ا	o	o			•
12	Other income. Do not include gain or		-	- 0	0	0	
12	loss from the sale of capital assets						
	(Explain in Part IV.)	11,212	5,286	4,885	3,308	F 600	20.074
13	Total support. (Add lines 9, 10c, 11,	11,212	3,200	4,000	3,306	5,683	30,374
	and 12.)	384,992	480,150	498,818	503,683	857,966	2,725,609
14	First five years. If the Form 990 is for th						
	organization, check this box and stop he				=		
Secti	on C. Computation of Public Suppor	t Percentage	•		·· ·		
15	Public support percentage for 2013 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	98.24 %
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15			16	97.52 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17							.59 %
18							
19a							
	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗍

Schedule A (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	
ine 12, Ot	nental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and ine 12. Also complete this part for any additional information. (See instructions). from sales of inventory - CDs, T-shirts, books, music supplies, etc.	
		···
		-

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Scottish Fiddlers of California	95-4063752
PART VI, Section A, Line 2: Alasdair Fraser, President, and Sally Ashcraft, Vice-President, are married	1
PART VI, Section A, Line 9: Officers of the Scottish Fiddlers of California can be reached at the follow	ing addresses:
President and Vice-President: Alasdair Fraser and Sally Ashcraft, P.O. Box 219, Nevada City, CA 9595	9
Secretary: Jan Tappan, 1938 Rose Villa, Pasadena, CA 91107 (official address on file with CA Registry	of Charitable Corporations)
Former VOM Registrar: Margaret Clark, 1281 Fifth Avenue, San Francisco, CA 94122	
Treasurer: Robert Klamt, 1502 Kona Place, Santa Rosa, CA 95403	
PART VI, Section B, Line 11: The Treasurer provided electronic copies of the form 990 and schedules	A, G, and O to the Board via email for
review and an opportunity for input, modifications, and questions prior to submitting to the IRS and C	A Franchise Tax Board.
PART VI, Section C, Line 19: Governing documents and financial statements are available to the publ	c upon request. Additionally,
those documents are available on the CA Department of Justice website http://rct.doj.ca.gov/MyLicen	seVerification/Search.aspx?facility=Y
PART VI, Section C, Line 20: The books and records are kept at two locationsFinancial: Treasurer,	Robert Klamt, 1502 Kona Place, Santa
Rosa, CA 95403-8605 (707-527-0693) and all other records: Secretary, Janice Tappan at 1938 Rose Vi	ila, Pasadena, CA 91107 (626-793-3716)
PART VII, Section A: The Scottish Fiddlers of CA had five (5) officers in FY 2013 as listed in the Form	990. It is a volunteer organization, so we
have no regular employees beyond the officers. Some of the officers are compensated as listed in the	Form 990. We started payroll taxes
and withholding in April of 2014. We use independent contractors for teaching, sound reinforcement	at concerts, and publicity. No officers or
independent contractors were paid more than \$100,000.	
PART IX, Line 2: No scholarships were awarded fiscal year 2013. However, San Francisco Scottish Fi	ddlers, a part of the Scottish Fiddlers
of CA, formed a Scholarship Committee on April 4, 2006 and developed the following criteria and produced the following criteria and produc	ess for awarding scholarships:

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page Employer identification number
Scottish Fiddlers of California	95-4063752
1) The scholarship will be used to attend an organized music school or	lessons from an eminent teacher(s)/musician(s), possibly involving
significant travel expenses; 2) Eligible applicants must be active club r	nembers, in good standing, who have helped organize club
activities, participated in gigs, lead workshops or slow jams, held offic	es, or done other deeds recognized as being for the benefit of the clu
and corporation's mission; 3) Each scholarship awardee must commit	to giving back to the organization by conducting a workshop
on what they learned, writing an article about their experience for the r	ewsletter, or otherwise enriching the club by sharing what they
have learned; 4) The scholarship may not be used to attend either of the	e Scottish Fiddlers of CA sponsored music camps; 5) Preference
will be given to those who have not previously been awarded a Fiddle	
applying. The scholarship awardee will be expected to pay a portion of	
whole expense; 7) The scholarship will be awarded contingent on evid	
circumstances change and the scholarship awardee is not able to part	
The Scholarship Committee reviews each applicant based on the abov	e criteria and makes a decision on scholarship award and amount.
Part IX, line 11g, Fees for Services, Other: Total expense for independ	ent contractors exceeded 10% of line 25, column A. Independent
contractors for: Sierra Fiddle Camp = \$26,470; Valley of the Moon Sco	ttish Fiddling School = \$20,500; Scottish Fiddlers of LA = \$2,150.
	·