

Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**TAOS CENTER FOR THE ARTS**

Number and street (or P.O. box, if mail is not delivered to street address)

133 PASEO DEL PUEBLO NORTE

City or town, state or country, and ZIP + 4

TAOS, NM 87571**D** Employer identification number**85-0113452****E** Telephone number**575-758-2052****F** Group Exemption

Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **TAOSCENTERFORTHEARTS.ORG**

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

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 325,765.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	150,125.
	2	Program service revenue including government fees and contracts	2	93,074.
	3	Membership dues and assessments	3	6,845.
	4	Investment income	4	34,655.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	26,716.
b	Less: direct expenses other than fundraising expenses	6b	9,672.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,044.	
7a	Gross sales of inventory, less returns and allowances STMT 7	7a	14,350.	
b	Less: cost of goods sold	7b	6,238.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,112.	
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	309,855.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	181,432.
	13	Professional fees and other payments to independent contractors	13	44,332.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	74,576.
	15	Printing, publications, postage, and shipping	15	3,305.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	60,275.
	17	Total expenses. Add lines 10 through 16	17	363,920.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-54,065.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	671,143.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	5,038.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	622,116.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,694.	34,118.
23 Land and buildings	490,141.	487,156.
24 Other assets (describe ▶ SEE STATEMENT 2)	172,816.	122,400.
25 Total assets	698,651.	643,674.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	27,508.	21,558.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	671,143.	622,116.

932171

02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 10**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28 **SEE STATEMENT 9**

28a 320,740.

29

29a

30

30a

31 Other program services (attach schedule)

31a

(Grants \$) If this amount includes foreign grants, check here

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

32 320,740.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RON USHERWOOD, 133 PASEO DEL PUEBLO NORTE, TAOS, NM 87571	EXECUTIVE DIRECTOR	40.00 42,000.	0.	0.
BOB BURKE	BOARD MEMBER	1.00 0.	0.	0.
P.O. BOX 1722, EL PRADO, NM 87529				
CARL JONES	VICE PRESIDENT	1.00 0.	0.	0.
P.O. BOX 664, ARROYO SECO, NM 87514				
MARY DOMITO	BOARD MEMBER	1.00 0.	0.	0.
4487 NDCBU, TAOS, NM 87571				
JAMES DAY	TREASURER	2.00 0.	0.	0.
P.O. BOX 3163, TAOS, NM 87571				
ALFORD JOHNSON	PRESIDENT	5.00 0.	0.	0.
P.O. BOX 588, ARROYO HONDO, NM 87513				
ROSE VARGAS	SECRETARY	1.00 0.	0.	0.
P.O. BOX 341, TAOS, NM 87571				
RANDI GONZALES	BOARD MEMBER	1.00 0.	0.	0.
PO BOX 1887, EL PRADO, NM 87529				
DAVID GOLD	BOARD MEMBER	1.00 0.	0.	0.
PO BOX 308, VALDEZ, NM 87580				
JANET WEBB, 630 PASEO DEL PUEBLO SUR STE 100, TAOS, NM 87571	BOARD MEMBER	1.00 0.	0.	0.
GAYLE MARTINEZ	BOARD MEMBER	1.00 0.	0.	0.
1428 BERNINGHAUS, TAOS, NM 87571				
WYLIE ELSON	BOARD MEMBER	1.00 0.	0.	0.
PO BOX 1882, TAOS, NM 87571				
ANTHONY SKVARLA, 48 LAS ANIMAS PO BOX 790, ARROYO SECO, NM 87514	BOARD MEMBER	1.00 0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 0. ; section 4912 0. ; section 4955 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NM		
42a	The organization's books are in care of THE ORGANIZATION Telephone no. 575-758-2052		
	Located at 133 PASEO DEL PUEBLO NORTE, TAOS, NM ZIP + 4 87571		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42c	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X** **X** **X** **X** **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** **49b**
- b If "Yes," was the related organization a section 527 organization? **49b**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 ▶
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
- NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

[Signature] Date 3/26/11

RON USHERWOOD, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only Preparer's signature Date Check if self-employed ☐ Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 **TAOSCPA, LLC**
BOX 5437, 630 PASEO DEL PUEBLO SUR
TAOS, NM 87571

EIN Phone no. **(575) 758-3964**

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

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

TAOS CENTER FOR THE ARTS

Employer identification number	85-0113452
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Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

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

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

☐ 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	250,548.	189,791.	181,801.	123,131.	156,970.	902,241.
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	250,548.	189,791.	181,801.	123,131.	156,970.	902,241.
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)						119,972.
6 Public support. Subtract line 5 from line 4.						782,269.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	250,548.	189,791.	181,801.	123,131.	156,970.	902,241.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,623.	43,808.	44,733.	36,899.	34,655.	202,718.
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						1,104,959.
12 Gross receipts from related activities, etc. (see instructions)					12	683,662.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	70.80 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	70.12 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

TAOS CENTER FOR THE ARTS

Employer identification number

85-0113452

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

TAOS CENTER FOR THE ARTS

Employer identification number
85-0113452

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RAFFLE SALES (event type)	QUICK DRAW ARTISTS EVEN (event type)	NONE (total number)	
Revenue	1 Gross receipts	10,650.	16,066.		26,716.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,650.	16,066.		26,716.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		8,868.		8,868.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	804.			804.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(9,672)
	11 Net income summary. Combine line 3, column (d), and line 10				17,044.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2009

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LAND							
20	LAND							
	VARIABLE				142,869.			0.
	* 990-EZ PG 1 TOTAL LAND							
					142,869.	0.	0.	0.
	EQUIPMENT << ACCT 1420 DEPT 1>>							
	OTHER							
1	EQUIPMENT							
	083190	200DB	3.00	17	58,499.		58,499.	0.
2	FURNITURE & FIXTURES							
	083190	200DB	3.00	17	545.		545.	0.
5	EQUIPMENT							
	083195	200DB	5.00	17	4,920.		4,920.	0.
10	PROJECTOR							
	020197	200DB	7.00	17	37,953.		37,953.	0.
11	COMPUTER							
	100198	200DB	5.00	17	1,940.		1,940.	0.
13	ESPRESSO GRINDER							
	042799	200DB	5.00	17	2,616.		2,616.	0.
16	VIDEO PROJECTOR							
	060205	200DB	7.00	17	6,130.		4,762.	547.
17	COMPUTER							
	030206	200DB	5.00	17	1,000.		827.	115.
22	COMPUTERS							
	120507	200DB	5.00	17	2,241.		1,165.	430.
25	REFRIGERATOR							
	090106	200DB	3.00	17	445.		412.	33.
34	SOUND EQUIPMENT							
	081510	200DB	5.00	19B	22,277.	11,139.		11,696.
	* 990-EZ PG 1 TOTAL OTHER							
					138,566.	11,139.	113,639.	12,821.
	* 990-EZ PG 1 TOTAL - EQUIPMENT << ACCT 1420 DEPT 1>>							
					138,566.	11,139.	113,639.	12,821.
	BLDG & IMPROVEMENTS <<ACCT 1440, DEPT 2>>							
	OTHER							
18	ROOF IMPROVEMENTS TO MAIN BLDGS							
	083106	SL	39.00	17	1,000.		78.	26.
19	ORIGINAL BUILDING PRE 99 BUILDINGS							
	VARIABLE	NC	.000		182,674.			0.
23	ROOF IMPROVEMENTS							
	093006	SL	39.00	17	7,614.		569.	195.
33	JJ POLLARD & ASSOC ROOF WORK							
	061610	SL	39.00	19I	2,089.			11.
	* 990-EZ PG 1 TOTAL OTHER							
					193,377.	0.	647.	232.
	* 990-EZ PG 1 TOTAL - BLDG & IMPROVEMENTS <<ACCT 1440, DEPT 2>>							
					193,377.	0.	647.	232.

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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		22,883.	
PROGRAM SERVICE EXPENSES		21,385.	
SUPPLIES		2,577.	
OFFICE EXPENSES		3,709.	
TRAVEL / MEALS AND ENTERTAINMENT		525.	
INSURANCE		1,585.	
DEPRECIATION		1,089.	
RENTAL EXPENSES(COMMON)		6,522.	
TOTAL TO FORM 990-EZ, LINE 16		60,275.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TCA ENDOWMENT FUND	149,158.	74,732.	
INVENTORIES	13,000.	6,000.	
PERSHING REMODEL INVESTMENT FUND	8,008.	22,562.	
ART HELD FOR RESALE	0.	7,000.	
OTHER DEPRECIABLE ASSETS	2,650.	12,106.	
TOTAL TO FORM 990-EZ, LINE 24	172,816.	122,400.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
RENTAL DEPOSITS	1,809.	1,809.	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	25,699.	19,749.	
TOTAL TO FORM 990-EZ, LINE 26	27,508.	21,558.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON FMV OF INVESTMENTS	5,038.
TOTAL TO FORM 990-EZ, LINE 20	5,038.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	17,895.
OTHER EXPENSES	56,681.
TOTAL TO FORM 990-EZ, LINE 14	74,576.

FORM 990-EZ	RENTAL INCOME	STATEMENT	6
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
133 PASEO DEL PUEBLO NORTE	1	0.
	2	33,369.
TOTAL INCUDED ON FORM 990-EZ, PART I, LINE 4		33,369.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD	STATEMENT	7
	INCLUDED ON PART I, LINE 7A		

INCOME

1. GROSS RECEIPTS	14,350	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		14,350
4. COST OF GOODS SOLD (LINE 13)	6,238	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		8,112

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	6,000	
7. MERCHANDISE PURCHASED	6,238	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		12,238
12. INVENTORY AT END OF YEAR	6,000	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		6,238

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 9

THE TCA PROVIDES PERFORMING ARTS FACILITIES AND VISUAL ARTS EXHIBIT SPACE, PRESENTING 4-6 PERFORMANCES EACH YEAR. THEY PROVIDE OUTREACH PROGRAMS TO LOCAL SCHOOLS. THEY COORDINATE ART PROJECTS WITH LOCAL NON-PROFITS.

990-EZ PG 2

STATEMENT 10

TO PROVIDE FACILITIES FOR PERFORMING ARTS AND TO PRESENT PERFORMING ARTS
PROGRAMS FOR THE PUBLIC INCLUDING OUTREACH PROGRAMS TO SURROUNDING SCHOOLS.