Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

A			elendar year, or tax year beginning $y_{ul}$ $y_{ul}$ $y_{ul}$ $y_{ul}$ $y_{ul}$ $y_{ul}$	0	, 2013
<b>B</b> .		k if applicable ess change	C Name of organization	D Employer	identification number
-	=	ess change e change	56-23	382185	
⊢	4	il return	E Telephone	number	
F	=	nnated	11618 Raindrop	(210)	822-4647
⇔⊨	┥	nded return	City or town, state or country, and ZIP + 4		<del>-</del>
	≺		San Antonio TX 78216	F Group E Number	
$\supset$ G	Acc	ounting Met			e organization is <b>not</b>
I				red to attach	
<u>ل</u> ي ل	Tax-	exempt status	(check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $-$ (insert no ) $-$ 4947(a)(1) or $-$ 527 (Form	n 990, 990-E 	Z, or 990-PF)
≓κ			he organization is not a section 509(a)(3) supporting organization or a section 527 organization		
	nor	mally <b>not</b> m	ore than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e- ut if the organization chooses to file a return, be sure to file a complete return	postcard) ma	ay be required (see
땣.				f total	
	ass	ets (Part II,	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or illine 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	61,846.
් P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	
يان سائ			the organization used Schedule O to respond to any question in this Part I		<u>x</u>
	1	Contribut	ions, gifts, grants, and similar amounts received	1	61,846.
	2	Program	service revenue including government fees and contracts	2	
	3	Members	hip dues and assessments	3	
	4	Investme	nt income	4	
	5	a Gross an	nount from sale of assets other than inventory 5 a		
		<b>b</b> Less cos	it or other basis and sales expenses 5 b		
	Ì	c Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming a	and fundraising events		
R	!	a Gross inc	come from gaming (attach Schedule G if greater than \$15,000) 6a		
Ž		<b>b</b> Gross inc			
R V E N			draising events reported on line 1) (attach Schedule G if the sum		
Ĕ		•	ross income and contributions exceeds \$15,000)		
		c Less dire	ect expenses from gaming and fundraising events		
			ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)	6 d	
	7	a Gross sa	les of inventory, less returns and allowances 7 a		
			st of goods sold 7 b		
		c Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8		venue (describe in Schedule (1)	8	
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	61,846.
	10		101001	10	01,040.
	11		paid to or for members	11	
E	Ι.		other compensation, and employee benefits	12	
X	13		anal fees and other payments to independent contractors	13	
EXP P E N S E S	14		cy, rent, utilities, and maintenance	14	
S	15	-	publications, postage, and shipping	15	
S	16	-	penses (describe in Schedule O)  SeeForm 990 EZ, Part I, Line 16 Othe		50 603
	17		penses. Add lines 10 through 16	► 1 <del>7</del>	58,603. 58,603.
_	18		r (deficit) for the year (Subtract line 17 from line 9)	18	
Ą					3,243.
N S	19	Net asse	ts or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of- ported on prior year's return)	year   19	010
NS EE T	20	•	anges in net assets or fund balances (explain in Schedule O)  See L-20 Stmt	20	<u>-819.</u>
•	21		ts or fund balances at end of year Combine lines 18 through 20	► 21	-750.
D	<u> </u>		rk Reduction Act Notice, see the separate instructions.	- 41	1,674. Form <b>990-EZ</b> (2012)
0/	~~ r	or raperwo	in neutron Act notice, see the separate histructions.		10111 330-EZ (2012)

Forn	990-EZ (2012) Camerata San An	tonio		56	-238	32185 Page <b>2</b>
Pai	rt II Balance Sheets. (see the ins	structions for Part II.) dule O to respond to any que	stion in this Part II			X
-				A) Beginning of year	_	(B) End of year
22	Cash, savings, and investments			341	_	1,674.
23 24	Land and buildings Other assets (describe in Schedule O)	. 23	0.			
25	Total assets			0	<del></del>	0. 1,674.
26	Total liabilities (describe in Schedule O)	See L-26 St	mt	1,160		1,6/4.
27	Net assets or fund balances (line 27 of c	column (B) must agree with li	ne 21)	-819		1,674.
Pa	rt III Statement of Program Service A				(5	Expenses
What	Check if the organization used Sch				(c)(3	uired for section 501 and 501(c)(4)
Desc	is the organization's primary exempt purpose? Mu cribe the organization's program service ac sured by expenses. In a clear and concise	sical periormances	s three largest program	services, as		nizations and section (a)(1) trusts, optional
mea bene	isured by expenses. In a clear and concise efited, and other relevant information for ea	manner, describe the service ach program title	es provided, the numbe	r of persons		thers)
28	Perform a series of Chamb	ber Music Concerts	to enrich			
	lives and encourage music					
	70	is amount includes foreign gr	onto obsolv boro		28 a	
29	(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here		20 4	61,846.
			· <b></b>			
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	-	29 a	
30		_~				
				<del>-</del>		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch		<u> </u>			<del></del>
		is amount includes foreign gr	ants, check here	<b>&gt;</b>	31 a	
	Total program service expenses (add lin	<u></u>		<u> </u>	32	61,846.
Pa	tt IV List of Officers, Directors, Check if the organization used Sci	Trustees, and Key Emp	oloyees. List each one ev	en if not compensated	(see the	e instructions for Part IV )
	Check if the organization used bei	(b) Average hours per	(c) Reportable compensation	(d) Health benefit	s,	
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to empl benefit plans, and def compensation	erred	(e) Estimated amount of other compensation
Dea	an Winter		<del></del>	Compensation		
	esident	4.00	0.	,	0.	0.
	y Forrest					
	ce President	3.00	0.		0.	0.
	nny Winter cretary	3.00	0.		0.	0.
	bra_Maltz	5.00	0.	·		
	rector	3.00	0.		0.	0.
	ni Murgo		_			_
<u>Di</u>	rector	2.00	0.	4	0.	0.
				1		<u> </u>
		1		3		
						<del></del>
					-	
					-	

4

Da	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in			
Га	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
	provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
25.	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34		Х
33 6	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ŀ	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
20	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			Λ.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b			
39	Section 501(c)(7) organizations Enter	ľ		
ā	Initiation fees and capital contributions included on line 9			
ŀ	Gross receipts, included on line 9, for public use of club facilities  39b	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	]		
	section 4911 ► , section 4912 ► , section 4955 ►			
ŧ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported.	-		
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		Х
•	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			
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	ļ		
•	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			х
41		40 e		
41	List the states with which a copy of this return is filed Texas			
12:	The organization's			
72 (	books are in care of Kenneth Freudigman Telephone no (210)	822	-464	17
	Located at 11618 Raindrop San Antonio TX ZIP + 4 78216	- <del>-</del> - <sub>1</sub>	<u> </u>	
ı	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			X
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country			
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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
ı	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		х
•	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
•	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d	-	
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	<u></u>		
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 990-EZ (2012) Camerata San Antoni	io		56-238	32185	Page 4
46 Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complete	tly, in political campaig Schedule C. Part I	n activities on behalf of	or in opposition to	46	Yes No
Part VI Section 501(c)(3) organizations					
All section 501(c)(3) organization	ons must answer q	uestions 47-49b an	d 52, and complete	the tables	;
for lines 50 and 51.					
Check if the organization used Schedule	O to respond to any q	uestion in this Part VI		<del></del>	<u> </u>
47 Did the organization engage in lobbying activiti complete Schedule C, Part II	es or have a section 50	01(h) election in effect d	uring the tax year? If 'Ye	es,' 47	Yes No
48 Is the organization a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	ule E	48	Х
49a Did the organization make any transfers to an	exempt non-charitable	related organization?		49 a	X
<ul><li>b If 'Yes,' was the related organization a section</li><li>Complete this table for the organization's five h</li></ul>		malayoos (athor than off	icare diractore trustaes	49b	
50 Complete this table for the organization's five femployees) who each received more than \$100	nignest compensated er 0.000 of compensation	from the organization of	there is none, enter 'No	one.'	
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other compe	
none		1			
	-				
f Total number of other employees paid over \$1				4-1	
51 Complete this table for the organization's five li compensation from the organization. If there is	nighest compensated in	dependent contractors v	vho each received more	than \$100,00	)0 of
(a) Name and address of each independent contractor paid		(b) Type	of service	(c) Compe	nsation
				-	
none		-			
			·		
		-			
		-			
				<del>                                     </del>	<del></del>
		-			
d Total number of other independent contractors	each receiving over \$1	00,000	<b>&gt;</b>		
52 Did the organization complete Schedule A? No.		3) organizations and 494	7(a)(1) nonexempt	► X Yes	No
charitable trusts must attach a completed Schi Under penalties of perjury, I declare that I have examined this return	including accompanying sche	dules and statements, and to the	ne hest of my knowledge and he		
true, correct, and complete Declaration of greparer (other than office	er) is based on all information	of which preparer has any know	ledge		
Signature of officer	- 1 presou	n	Date IIII	<del></del>	
Sign Here Debra Maltz	and de	n <del> </del>			
Type or print name and title	) 1000	701			
Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid Ronald S Penta, CPA	Torold Peri	tocpA 11/08/		P00748312	2
Preparer Firm's name ► RONALD S PENTA	CPA				
Use Only   Firm's address ► 7410 Blanco Rd	Ste 110		Firm's EIN	74-2590	
SAN ANTONIO		TX 78216	Phone no (2]		
May the IRS discuss this return with the preparer sh	own above? See instru	CUONS		► X Yes	No (2012)

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Part   Reason for Public Charity Status (All organizations must complete this part). See instructions.	Cameı	rata San Antoni								82185	
A church, convention of churches or association of churches described in section 170(bX1XAXi).  A school described in section 170(bX1XAXii). Attach Schedule E)  A school described in section 170(bX1XAXiii).  A hospital or a cooperative hospital service organization described in section 170(bX1XAXiii).  A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's name, city, and state.  5									See II	nstruct	ions
A school described in section 170(b)(1)A(A)(ii), Chitach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)A(A)(ii) Enter the hospital's name, city, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(A)(ii). (Complete Part II) A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A community trust described in section 170(b)(1)A(A)(V). (Complete Part II) A companization that normally receives (1) more than 33-173% of its support from an orbital section 50(a)(a) and the section 50(a)(b) and the section 50(a	The org	_									
A hospital or a cooperative hospital service organization described in section 170(bX1XAXiii). Enter the hospital's name, city, and state  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). Complete Part II)  A roganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(bX1XAXiv). Complete Part II)  A roganization 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 experts on more than 33-1/3% of its support from gross investment income and uncluded business bacile income (less section 1910(bX) to its for public safety. See section 300(bX).  An organization organized and operated exclusively to test for public safety. See section 500(bX).  An organization organized and operated exclusively to the benefit of to perform the functions of or carry out the purposes of one or more publicly supporting organization and complete lines 11 e through 11 in a proper line benefit of the performance of the purposes of one or more publicly supporting organization and complete lines 11 e through 11 in a proper line benefit of the performance of the purposes of one or more publicly supporting organization and complete lines 11 e through 11 in a proper line box. I certify that the organizations is not controlled directly or indirectly by one or more disqualified persons section 500(a)(1) or section 500(a)(2). See section 500(a)(3), Check the box that describes the type of supporting organization and complete lines 11 e through 11 in a proper line box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons section 500(a)(2). See section 500(a)(2). See section 500(a)(3), Check the box that describes the type of section 500(a)(2) or section 500(a)(2). See se	1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).									
A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXii) Enter the hospital's name, city, and state name, city, and support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-13% of its support from gross mestment income and unrelated business taxoble income (iess section 519 (3)). Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(3), Complete part III)  An organization organized and operated exclusively to test for public safety. See section 509(3), Complete part III)  An organization organized and operated exclusively to test for public safety. See section 509(3), Complete part III)  In part organization organized and operated exclusively in the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization organized and operated exclusively in th	2	A school described in	section 170(b)(1)(A)(	(ii). (Attach Schedule E	)						
name, city, and state  A complete Part II)  A complete Part III)  A comparation operated in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part II)  A community frust described in section 170(bX)(XAXV). (Complete Part III)  A community frust described in section 170(bX)(XAXV). (Complete Part III)  A community frust described in section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX)(XAXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (AXV). (Complete Part III)  To a part of the section 170(bX) (A	3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(x)(x).  A community trust described in section 170(b)(1)(A)(x)(x).  An organization organized and operated exclusively for test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of the period of the functions of or crary out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supported organization and complete lines 11 let through 11h  a	4	A medical research o	rganization operated	in conjunction with a ho	spital de	scribed	ın <b>secti</b>	on 170(	Ь)(1)(А)(	iii) Ente	er the hospital's
170(b)t)XA(iv). (Complete Part II)	_										
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(k)(1)(A)(x)(). (Complete Part II )  A community frust described in section 170(k)(1)(A)(x)(). (Complete Part II )  A community frust described in section 170(k)(1)(A)(x)(). (Complete Part II )  An organization that normally receives (1) more than 33-13% of its support from gross investment income and completed to see the property of the support of the support of the section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one or more publicly organization and complete lines 11e through 11h  A property organization and complete lines 11e through 11h  a Type II b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated ellowers both of that foundation managers and other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2).  f the description of the section 509(a)(2) and the section 509(a)(2) or section 509(a)(2).  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) and (iiii) and (iii) and (iii) and (iii) and (iii) and (iii) and							nıt descr	ribed in <b>section</b>			
In section 170(b)(1)(A)(V), (Complete Part II   )											
Second   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 = value to certain acceptions, and (2) no more than 33-1/3% is 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).    10		<u> </u>	<b>A)(vi).</b> (Complete Part	t II )			ernment	ai unit d	or from t	ne gene	rai public described
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 599(a)X2).  The provided organization organized and operated exclusively to test for public safety. See section 599(a)X4.  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 599(a)(1) or section 599(a)(2). See section 599(a)X3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	8 [										
An organization organizate and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a	9 2	related to its exempt for unrelated business tax	inctions - subject to co	ertain exceptions, and (2)	) no mor	e than 3:	3-1/3% c	of its sur	port from	n aross II	nvestment income and
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 111h  a	10										
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons officer than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box.  By Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) all g(i) and family member of a person described in (i) above?  (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?  (ii) A 75% controlled entity of a person described in (i) or (ii) above?  (iii) A 35% controlled entity of a person described in (ii) or (iii) above?  (iv) Sin the organization in column (i) into the organization in column (i) organization in column (ii) organization in column (ii) organization in column (ii) organization in column (iii) organization in column (iii	11	supported organizatio	ns described in section	າ 509(a)(1) or section 50	o perforn 9(a)(2)	n the fund See <b>sec</b>	ctions of, tion 509	or carry (a)(3). C	out the pheck the	ourposes box tha	of one or more publicly t describes the type of
section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) A 35% controlled entity of a person described or (i) or (ii) above?  (iv) ElN  (iv) ElN  (iv) Interpretation organization in column (i) organization in column			1 1.76.4				-	Il	٠.		, ,
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s)  (i) Name of supported organization  (iii) EIN (iii) Type of organization in column (i) isstein in your governing document?  (iv) Name of supported organization in column (i) of your organization in column (i) of your organization in column (i) organization in column (ii) organi	e [	→ other than foundation	I certify that the orga managers and other	nization is not controlle than one or more public	d directly	y or indi orted org	rectly by ganization	one or	more d	squalifie section	ed persons 509(a)(1) or
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (i) 11g (i) 11g (ii) 1 11g (iii)	f	If the organization re-	ceived a written deteri	mination from the IRS th	hat is a	Гуре I, Т	Гуре II о	r Type I	II suppo	rtıng org	janization,
(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?  Provide the following information about the supported organization (see instructions)  (iv) Name of supported organization in (see instructions)  (iv) EIN  (vi) EIN  (vi) EiN  (vi) Is the organization in column (i) of your powering above or IRC section (see instructions)  Yes No Yes No Yes No  (A)  (B)  (C)  (D)  (E)  Total	g	Since August 17, 200	6, has the organizatio	on accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?	
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 on (i) or (ii) above?  h Provide the following information about the supported organization(s)  (iv) Name of supported organization organization organization (described on lines i-9 above or IRC section (see instructions))  (b) Name of supported organization in column (i) of your governing organization in organization in column (i) of your governing organization in column (i) organization i	•	•									Yes No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (s):  (iv) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) issed in your governing document?  Yes No Yes No Yes No  (iii) Type of organization (v) Is the organization in column (i) organization in column (i) organization in column (i) organization in column (ii) issed in your governing document?  Yes No Yes No Yes No  (A)  (B)  (C)  (D)		(i) A person who o below, the gove	lirectly or indirectly co erning body of the sup	introls, either alone or to ported organization?	ogether	with per	sons des	scribed	ın (ıı) ar	id (III)	11 g (i)
Provide the following information about the supported organization (s)   Name of supported organization (described on lines 1-9 above or IRC sections)   (iii) Type of organization (described on lines 1-9 above or IRC sections)   (iv) Is the organization in column (i) is the organization in column (i) organization (i) org		(ii) A family memb	er of a person describ	ed in (i) above?							11 g (iı)
Provide the following information about the supported organization (s)   Name of supported organization (described on lines 1-9 above or IRC sections)   (iii) Type of organization (described on lines 1-9 above or IRC sections)   (iv) Is the organization in column (i) is the organization in column (i) organization (i) org		(iii) A 35% controlle	ed entity of a person o	lescribed in (i) or (ii) ab	ove?						11 g (iii)
(described nines 1-9 above or IRC section (see instructions))  (described nines 1-9 above or IRC section (see instructions))  (see instructions))  (A)  (B)  (C)  (D)  (E)  Total	h	Provide the following	information about the	supported organization	n(s)						
(A) (B) (C) (D) (E) Total			(II) EIN	(described on lines 1-9 above or IRC section	organiza column (i) your go	organization in column (i) listed in column (i) of your your governing support?		zation in of your	organization in column (i) organized in the		
(B) (C) (D) (E) Total					Yes	No	Yes	No	Yes	No	
(C) (D) (E) Total	(A)										
(C) (D) (E) Total	(B)										
(D) (E) Total	(5)	·- <u>-</u>		-	1		<u> </u>	<u> </u>	<del> </del>		
(E) Total	(C)										
Total	<u>(D)</u>										
	<u>(E)</u>										
THE STANDARD CONTRACTOR OF STANDARD CONTROL DESCRIPTIONS FOR MAIL AND MAIL STANDARD STANDARD OF STANDARD AND AND AND AND AND AND AND AND AND AN		<del></del>	A A N A N A A A A A A A A A A A A A A A	Implementation of the Francisco	200 5 2	) 0 = 7			Cob - J. ·	0 A (T)	

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

Schedule A (Form 990 or 990-EZ) 2012	Camerata	San Anton:	io		56-2382185	Page
Part II Support Schedule for C (Complete only if you checked organization fails to qualify ur	the box on line	5. 7. or 8 of Part	I or if the organiza	ation failed to qua	nd 170(b)(1)(A)( allify under Part III	<b>vi)</b> f the
Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
Section B. Total Support			·			
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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						
Net income from unrelated business activities, whether or not the business is regularly carried on						

Part IV )

11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc (see instructions)

12

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2011 Schedule A, Part II, line 14

16 %

Public support percentage from 2011 Schedule A, Part II, line 14

16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test** — **2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

-	П

Other income Do not include gain or loss from the sale of capital assets (Explain in

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 )	

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Gifts, grants, contributions and membership fees			$\exists$	7	1	
	received (Do not include	33 564	31 000	20 022	26 661	30 571	170 701
2	any 'unusùal grants ') Gross receipts from admis-	31,564.	31,092.	39,833.	36,661.	39,571.	178,721.
2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44 401	26 405	27 045	32 959	22,275.	163 004
3	Gross receipts from activities that are not an unrelated trade or business under section 513	44,401.	36,405.	27,945.	32,858.	22,213.	163,884.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	75,965.	67,497.	67,778.	69,519.	61,846.	342,605.
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						
	7c from line 6)						342,605.
<u>Sec</u>	tion B. Total Support		<del> </del>				
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6	75,965.	67,497.	67,778.	69,519.	61,846.	342,605.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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)						
	Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 i		67,497.	67,778.	69,519.	61,846.	342,605.
	organization, check this box and	stop here					►
Sec	tion C. Computation of Pu	blic Support Po	ercentage				
15	Public support percentage for 20	12 (line 8, column	(f) divided by line	13, column (f))		15	100.00 %
16	Public support percentage from 2	2011 Schedule A, F	Part III, line 15			16	100.00 %
	tion D. Computation of Inv			!			
17	Investment income percentage for				n (f))	17	8
18	Investment income percentage fr		* *	•	- * *	18	
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	the organization d	id not check the b	ox on line 14, and	d line 15 is more that a publicly supporte	nan 33-1/3%, and ed organization	
b	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	the organization di	id not check a box	on line 14 or line	19a, and line 16	is more than 33-1/	/3%, and
20	Private foundation. If the organiz		•	-			▶
BAA		<del></del>	TEEA0403			nedule A (Form 99	0 or 990-FZ) 2012

Scriedule A	(Form 990 or 990-EZ) 2012	Camerata San	Antonio		36-2382183	raye -
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete the part III, line	is part to provide 12. Also comple	e the explanations rete this part for any	equired by Part II, lin additional information	ne 10;
				- <b>-</b>		<b>-</b>
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## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

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.

Open to Public Inspection

•	Employer identification number
Camerata San Antonio	56-2382185
Camerata San Antonio	
	<del>-</del>
<u></u>	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Advertising expenses	942.
Artist Fees	35,173.
Contact Labor	213.
Design/art/assemblies	2,112.
Insurance	1,154.
Licenses & Permits	247.
Marketing supplies and expenses	10,873.
Meals expense 50% limit	53.
Office expenses	286.
Piano Rental & Tuners	2,775.
Professional fees	1,875.
Recording expenses	<u>2,675.</u>
Sales Tax	225.
Total	58,603.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
50% non allowable meals expense Prior year rent expense	-50. -700.
Total	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning End of of Year
Checking account overdrawn	1,160.
Total	1,160.