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## Return of Organization Exempt From Income Tax

2008

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

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions. <b>TEMPE COMMUNITY COUNCIL, INC.</b> <b>34 E. 7TH ST, BLD A</b> <b>TEMPE, AZ 85281</b>	<b>D</b> Employer Identification Number <b>51-0189790</b> <b>E</b> Telephone number <b>480-858-2300</b> <b>G</b> Gross receipts \$ <b>2,002,537.</b>
<b>F</b> Name and address of principal officer <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.TEMPE.GOV\TCC</b>			
<b>K</b> Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation <b>M</b> State of legal domicile	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <b>TEMPE COMMUNITY COUNCIL (TCC) HAS SERVED FOR OVER 35 YEARS AS A NONPROFIT HUMAN SERVICES UMBRELLA FOR PUBLIC AND PRIVATE ORGANIZATIONS IN THE TEMPE, ARIZONA COMMUNITY. ITS MISSION IS "CONNECTING THOSE IN NEED WITH THOSE WHO CARE."</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30
	5	Total number of employees (Part V, line 2a)	13
	6	Total number of volunteers (estimate if necessary)	716
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,885,503. Current Year: 1,976,047.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,286. 22,965.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,958. -27,238.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,138,747. 1,971,774.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	518,911. 356,789.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,036,039. 1,049,110.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,140.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	105,148.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z)	516,942. 445,727.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,071,892. 1,855,766.
	19	Revenue less expenses. Subtract line 18 from line 12	66,855. 116,008.
	20	Total assets (Part X, line 16)	Beginning of Year: 1,903,783. End of Year: 1,888,120.
21	Total liabilities (Part X, line 26)	684,857. 553,186.	
22	Net assets or fund balances. Subtract line 21 from line 20	1,218,926. 1,334,934.	

## Part II Signature Block

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 of officer: <i>[Signature]</i> Type or print name and title: <b>Michael Rooney, President, TCC Board of Directors</b>	Date: <b>12/22/09</b>	
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: <b>12/7/09</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <b>ROMEK SANDERS &amp; CO.</b> <b>1757 E BASELINE RD STE 105</b> <b>GILBERT, AZ 85233-1533</b>	EIN: <b>86-0649284</b>	Preparer's identifying number (see instructions): <b>P00647852</b>
		Phone no: <b>(480) 820-5041</b>	

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

☒ Yes ☐ No

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

TEEA0112L 12/22/08

Form 990 (2008)

Extension Attached

C16  
7

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

TEMPE COMMUNITY COUNCIL (TCC) HAS SERVED FOR OVER 35 YEARS AS A NONPROFIT HUMAN SERVICES UMBRELLA FOR PUBLIC AND PRIVATE ORGANIZATIONS IN THE TEMPE, ARIZONA COMMUNITY. ITS MISSION IS "CONNECTING THOSE IN NEED WITH THOSE WHO CARE."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 244,938. including grants of \$ ) (Revenue \$ )

**GRANT ADMINISTRATION:**

PROVIDE GRANT ADMINISTRATION SUPPORT, TRAINING FOR COMPLIANCE, AND PARTNERSHIPS WITH HUMAN SERVICE AGENCIES AWARDED CONTRACTS BY THE CITY OF TEMPE AND GRANTS FROM THE TEMPE COMMUNITY FOUNDATION. INSURE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF NEEDED HUMAN SERVICES; COORDINATE QUARTERLY MEETINGS WITH REGIONAL PARTNERS TO NETWORK, SHARE INFORMATION, TROUBLE SHOOT AND PROBLEM SOLVE; ISSUE AND INITIATE REQUEST FOR PROPOSALS (RFP) CONSISTENT WITH TRADITIONAL PROCUREMENT PROCESSES; DISTRIBUTE RFP'S, REVIEW APPLICATIONS, INTERVIEW AGENCY REPRESENTATIVES AND DEVELOP RECOMMENDATIONS FOR TEMPE CITY COUNCIL. INCLUDES AGENCY REVIEW AND OTHER GRANT ADMINISTRATION, SUCH AS; DIVERSITY/UNITY GRANTS, 5310, TCF, H2O, CITY OF TEMPE AND CDBG MONIES.

4b (Code: ) (Expenses \$ 90,986. including grants of \$ ) (Revenue \$ )

**COMMUNITY ENGAGEMENT/VOLUNTEERISM:**

ENGAGE THE COMMUNITY TO PROMOTE VOLUNTEERISM IN SUPPORT OF TCC'S PROJECTS AND ITS NONPROFIT PARTNER ACTIVITIES AND LEVERAGE RESOURCES, PROGRAMS AND SERVICES TO ADDRESS UNMET COMMUNITY NEEDS; INCLUDES THE RECOGNITION OF VOLUNTEERS, APPRECIATION FOR DIVERSITY, INCLUSION OF THOSE WITH DISABILITIES; SAFE AND HEALTHY ENVIRONMENTS FOR YOUTH AND SENIORS; TEMPE KARMA AND OTHER ACTIVITIES THAT NURTURE COMMUNITY PHILANTHROPY AS PRIORITIZED BY THE BOARD OF DIRECTORS.

4c (Code: ) (Expenses \$ 75,549. including grants of \$ ) (Revenue \$ )

**COMMUNITY OUTREACH/ADVOCACY:**

PROMOTION OF TCC AND VITAL HUMAN SERVICE ISSUES THROUGH OUTREACH AND EDUCATION OF BOARD, DONORS, COMMUNITY MEMBERS AND ELECTED OFFICIALS. ADVOCACY EFFORTS INCLUDE PUBLIC RELATIONS AND MARKETING MATERIALS (PRINT AND WEB COLLATERAL).

4d Other program services. (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 1,005,334. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 1,416,807. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b> 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 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	15	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b> 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	13	
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4a</b> 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)? <b>b</b> If 'Yes,' enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		X
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b> If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	X	
<b>6b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b> For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter.		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from other members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body	1 a	30
b Enter the number of voting members that are independent	1 b	30
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	X
b Each committee with authority to act on behalf of the governing body?	8 b	X
9 a Does the organization have local chapters, branches, or affiliates?	9 a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10	X
11 Is there any officer, director or 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	11	X

**Section B. Policies**

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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:		
a The organization's CEO, Executive Director, or top management official?	15 a	X
b Other officers of key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O (see instructions)	15 b	X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► AZ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► TEMPE COMMUNITY COUNCIL, INC. 34 E. 7TH ST, BLD A, TEMPE, AZ 85281 480-858-2300

**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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sara Appleton Director	0	X						0.	0.	0.
ROBIN ARREDONDO-SAVAGE Director	0	X						0.	0.	0.
BARRY BROOKS Director	0	X						0.	0.	0.
KELLY BYRNE Director	0	X						0.	0.	0.
ANGEL CARBAJAL, JR. Director	0	X						0.	0.	0.
BOBBIE CASSANO Director	0	X						0.	0.	0.
WOODY WILSON Director	0	X						0.	0.	0.
MARYANNE CORDER Director	0	X						0.	0.	0.
SHANA ELLIS Director	0	X						0.	0.	0.
SUZANNE FALLENDER Director	0	X						0.	0.	0.
ROBERT HACKETT, JR. Director	0	X						0.	0.	0.
JENNIFER HOLSMAN Director	0	X						0.	0.	0.
MARGARET HUNNICUTT PAST PRESIDENT	0	X						0.	0.	0.
DAVE SUMMERS PHD Director	0	X						0.	0.	0.
RYAN JOY Director	0	X						0.	0.	0.
LAURA KAJFEZ Director	0	X						0.	0.	0.
PAM KANE Director	0	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAUREN KUBY Director	0	X						0.	0.	0.
SHEREEN LERNER, PH.D. Director	0	X						0.	0.	0.
BARBARA LLOYD Director	0	X						0.	0.	0.
NICK MINER Director	0	X						0.	0.	0.
STAN MORRIS Director	0	X						0.	0.	0.
CECIL PATTERSON, JR. Director	0	X						0.	0.	0.
CHRISTOPHER PLA Director	0	X						0.	0.	0.
NANCY PUFFER Director	0	X						0.	0.	0.
KATHY STEVENS Director	0	X						0.	0.	0.
MIKE ROONEY President	0			X				0.	0.	0.
CHARLIE VESTER Vice President	0			X				0.	0.	0.
ARLENE CHIN Secretary	0			X				0.	0.	0.
MIKE JENNINGS Treasurer	0			X				0.	0.	0.
<b>1 b Total</b>								<b>149,061.</b>	<b>0.</b>	<b>56,459.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	133,616.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,496,451.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	345,980.			
	g Noncash contribns included in lns 1a-1f	\$				
	<b>h Total.</b> Add lines 1a-1f		1,976,047.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		22,965.			22,965.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 133,616. of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b	30,763.			
	c Net income or (loss) from fundraising events		-30,763.			-30,763.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue Business Code						
11a OTHER REVENUE		3,525.	3,525.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,525.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,971,774.	3,525.	0.	-7,798.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21	356,789.	356,789.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,694.	134,771.	17,969.	26,954.
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	615,452.	380,830.	191,914.	42,708.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,676.	37,545.	18,920.	4,211.
9 Other employee benefits	137,793.	85,264.	42,967.	9,562.
10 Payroll taxes	55,495.	35,619.	15,238.	4,638.
11 Fees for services (non-employees)				
a Management				
b Legal	2,890.		2,890.	
c Accounting	7,471.		7,471.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	4,140.			4,140.
f Investment management fees				
g Other	161,154.	159,649.	1,505.	
12 Advertising and promotion	25,000.	25,000.		
13 Office expenses	95,332.	85,139.	7,810.	2,383.
14 Information technology				
15 Royalties				
16 Occupancy	25,360.	22,379.	2,284.	697.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings	69,328.	53,667.	12,713.	2,948.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,826.	8,553.	4,040.	1,233.
23 Insurance	11,296.	6,706.	3,517.	1,073.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT RENTAL & MAINTENANCE	23,102.	17,134.	4,573.	1,395.
b OTHER	10,968.	7,762.		3,206.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,855,766.	1,416,807.	333,811.	105,148.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	1,013,664.	1	805,129.
	2 Savings and temporary cash investments	840,462.	2	1,007,283.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,299.	4	41,978.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment — cost basis	10a 136,504.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 104,270.	42,923.	10c 32,234.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,435.	15	1,496.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	1,903,783.	16	1,888,120.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	216,244.	17	217,056.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	468,613.	25	336,130.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	684,857.	26	553,186.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,093,795.	27	1,256,403.
	28 Temporarily restricted net assets	125,131.	28	78,531.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	1,218,926.	33	1,334,934.
	34 <b>Total liabilities and net assets/fund balances.</b>	1,903,783.	34	1,888,120.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2008)



**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,579,410.	1,506,497.	1,619,644.	1,885,503.	1,976,047.	8,567,101.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3	1,579,410.	1,506,497.	1,619,644.	1,885,503.	1,976,047.	8,567,101.
<b>5</b> 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).						0.
<b>6 Public support.</b> Subtract line 5 from line 4						8,567,101.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,579,410.	1,506,497.	1,619,644.	1,885,503.	1,976,047.	8,567,101.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,077.	33,523.	50,416.	49,286.	22,965.	172,267.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						8,739,368.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**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. ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.0 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	98.3 %

**16a 33-1/3 support test – 2008.** 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 – 2007.** 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 – 2008.** 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 – 2007.** 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. ☐

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Schedule A (Form 990 or 990-EZ) 2008

**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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33-1/3 support tests – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

- 1a Beginning of year balance  
 b Contributions  
 c Investment earnings or losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		136,504.	104,270.	32,234.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				32,234.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,971,774.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,855,766.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	116,008.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	116,008.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,271,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	269,322.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	30,763.
e	Add lines 2a through 2d	2e	300,085.
3	Subtract line 2e from line 1	3	1,971,774.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,971,774.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,155,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	269,322.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	30,763.
e	Add lines 2a through 2d	2e	300,085.
3	Subtract line 2e from line 1	3	1,855,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,855,766.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**Part XIV** Supplemental information *(continued)*

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2008

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

CLIENT RSTCC

TEMPE COMMUNITY COUNCIL, INC.

51-0189790

12/04/09

11 08AM

**SCHEDULE D, PART XII, LINE 2D**

**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

DIRECT EXPENSES FOR SPECIAL EVENT

TOTAL \$ 30,763.  
\$ 30,763.

**SCHEDULE D, PART XIII, LINE 2D**

**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

DIRECT EXPENSE FOR SPECIAL EVENT

TOTAL \$ 30,763.  
\$ 30,763.

Department of the Treasury  
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
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1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                          |                         |                          |                                       |
|--------------------------|-------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations      | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Email solicitations     | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations     | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations |                          |                                       |

**2a** Did the organization have 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. Form 990EZ filers are not required to complete this table.

(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						0

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.

[illegible]

**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		TEAM TEMPE/RUN (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	133,616.			133,616.
	2 Less: Charitable contributions	133,616.			133,616.
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	30,763.			30,763.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				30,763.
	9 Net income summary. Combine lines 3 and 8 in column (d)				-30,763.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 1 and 7 in column (d)				

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?

b If 'No,' Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain.

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in.**a** The organization's facility**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide 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 contact with a third party from whom the organization receives gaming revenue?**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.

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

BAA

TEEA3703L 07/18/08

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.**

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE EV 1405 E GUADALUPE TEMPE, AZ 85283			67,119.	0.			SPECIAL, COURAGE, TEMPE TARTS
CARE, INC P O BOX 26667 TEMPE, AZ 85285			7,286.	0.			TEAM TEMPE
KYRENE ELEMENTARY SCHOOL DISTRICT 8700 S KYRENE ROAD TEMPE, AZ 85284			35,500.	0.			PARTNER SCHOOL - CIS, YHC - CIS
TEMPE COMMUNITY ACTION AGENCY 2150 E ORANGE STREET TEMPE, AZ 85281			7,536	0.			COURAGE AWARD, TEAM
TEMPE COMMUNITY FOUNDATION 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016			9,987.	0.			TEMPE TARTS, TEAM TEMPE
TEMPE ELEMENTARY SCHOOL DISTRICT 3205 S RURAL ROAD TEMPE, AZ 85282			33,444.	0.			PARTNER SCHOOL, CIS
TEMPE IMPACT EDUCATION FOUNDATION 3205 S RURAL ROAD TEMPE, AZ 85282			8,000.	0.			COURAGE AWARD
TEMPE PREP ACADEMY FOUNDATION 1251 E SOUTHERN AVENUE TEMPE, AZ 85282			15,346.	0.			TEAM TEMPE

**2** Enter total number of section 501(c)(3) and government organizations

357,341

**3** Enter total number of other organizations

13

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

ALL GRANT RECOMMENDATIONS ARE MADE BY THE ENHANCEMENT COMMITTEE AFTER THE GRANT APPLICATIONS HAVE BEEN REVIEWED. THOSE RECOMMENDATIONS ARE THEN PRESENTED TO THE FULL BOARD FOR FINAL APPROVAL.

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Employer identification number

51-0189790

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPE UNION HIGH SCHOOL DISTRICT 500 W. GUADALUPE ROAD TEMPE, AZ 85283			60,312.				PTRN SCHOOL, UNITY, GRAD NIGHT
TEMPE UNION HSD FOUNDATION 600 W. GUADALUPE RD TEMPE, AZ 85283			24,350.				TEAM TEMPE
TEMPE YMCA 7070 S. RURAL ROAD TEMPE, AZ 85283			15,805.				TEMPE TARTS, TEAM TEMPE
THE CENTERS FOR HABILITATION 215 W. LODGE DRIVE TEMPE, AZ 85283			12,500.				TEAM TEMPE
UNIVERSITY OF ARIZONA 4341 E. BROADWAY PHOENIX, AZ 85040			18,500.				SUMMER PROGRAM, CIS
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							

**3 Enter total number of other organizations**

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees****Attach to Form 990. To be completed by organizations that  
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee  
☐ Independent compensation consultant  
☒ Form 990 of other organizations

- ☐ Written employment contract  
☒ Compensation survey or study  
☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

X

X

X

X

X

X

X

X

X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**Continuation Sheet for Form 990**

OMB No 1545-0047

2008

**Open to Public Inspection**

**Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

TEMPE COMMUNITY COUNCIL, INC.

Employer Identification number

51-0189790

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

[illegible]



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.  
► To be completed by organizations that answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>				► \$						

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHANA ELLIS, BOARD MEMBER	V-MAYOR TEMPE	1,483,402.	CITY IS MAJOR FUNDER		X
MARGARET HUNNICUTT	PRES OF CU	457,157.	FUNDS ON DEPOSIT		X
RYAN JOY	V-PRES VENDOR	33,780.	MARKETING AND PROMOTIO		X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545 0047

**2008**

**Open to Public  
Inspection**

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**PROGRAM DEVELOPMENT AND PLANNING:**

GATHER AND ANALYZE COMMUNITY POPULATION/DEMOGRAPHIC DATA TO DEVELOP HUMAN SERVICE PLANS AND PROGRAMS TO BENEFIT THE COMMUNITY FOR HUMAN SERVICES BASED ON PROJECTED COMMUNITY NEEDS. MOBILIZE COMMUNITY PARTICIPATION IN IDENTIFYING AND DEVELOPING SOLUTIONS FOR MEETING HUMAN SERVICE NEEDS AND HELP CREATE POLICY TO IMPROVE THE SITUATION FOR TEMPE RESIDENTS; INCLUDES THE INCUBATION OF PROGRAMS THAT ADDRESS UNMET COMMUNITY NEEDS WHEN NO OTHER RESOURCES ARE AVAILABLE.

TOTAL EXPENSES \$82,054

**EITC:**

HELPS LOW/MODERATE INCOME INDIVIDUALS AND FAMILIES ACHIEVE ECONOMIC STABILITY THROUGH PUBLIC AWARENESS AND OUTREACH ACTIVITIES. DURING 2008, 889 TAX RETURNS WERE PREPARED BRINGING OVER \$1.4 MILLION IN FEDERAL AND STATE REFUNDS BACK TO LOW AND MODERATE INCOME AREA FAMILIES.

TOTAL EXPENSES \$131,788

**OTHER SPECIAL PROGRAMS:**

SUPPORT VARIOUS COMMUNITY PROJECTS, INITIATIVES AND HUMAN SERVICE PROGRAMS TO SERVE THE COMMUNITY INCLUDING THE BOYS AND GIRLS CLUB OF THE EAST VALLEY, CINDERELLA AFFAIR, GRAD NIGHT, HOMELESSNESS, SPECIAL ASSISTANCE, TEMPE TARTS, TEAM TEMPE, TRANSIT, AND UNITY.

TOTAL EXPENSES \$247,942

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)**

## OPEN HORIZONS:

PROVIDES QUALITY CHILD CARE AND PARENT SUPPORT TO ADOLESCENTS ATTENDING SCHOOL IN THE TEMPE UNION HIGH SCHOOL DISTRICT.

TOTAL EXPENSES \$90,309

## SHARED LIVING FOR THE ELDERLY:

PROVIDES AN AFFORDABLE HOME FOR MARICOPA COUNTY RESIDENTS 60 YEARS AND OLDER AND PROMOTES INDEPENDENT LIVING FOR ITS RESIDENTS.

TOTAL EXPENSES \$133,959

## COMMUNITIES IN SCHOOLS:

PROMOTES COMMUNITY/SCHOOL/PARENT RELATIONSHIPS TO ENCOURAGE YOUNG PEOPLE TO STAY IN SCHOOL AND PREPARE FOR LIFE. THE PROGRAM SERVES AS A BROKER OF SERVICES TO LOCAL TEMPE, ARIZONA PUBLIC SCHOOLS BY IDENTIFYING THE NEEDS OF INDIVIDUAL SCHOOLS AND LOCATING EXISTING COMMUNITY RESOURCES TO HELP ADDRESS THOSE NEEDS.

TOTAL EXPENSES \$319,282

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

MANAGEMENT WORKS WITH THE INDEPENDENT AUDITORS IN PREPARING AND REVIEWING THE 990 TAX RETURN. THE RETURN IS THEN REVIEWED BY THE TREASURER, FINANCE COMMITTEE AND EXECUTIVE COMMITTEE. ONCE THE EXECUTIVE COMMITTEE HAS REVIEWED THE DOCUMENT, IT IS PRESENTED TO THE FULL BOARD OF DIRECTORS.

Name of the organization

TEMPE COMMUNITY COUNCIL, INC.

Employer identification number

51-0189790

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

TCC DOES NOT PERMIT ANY MEMBER OF THE BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES, TO DERIVE ANY PERSONAL FINANCIAL BENEFIT THROUGH HIS OR HER PARTICIPATION WITH TCC. EACH INDIVIDUAL MUST ANNUALLY DISCLOSE TO TCC ANY PERSONAL INTEREST IN ANY MATTER PENDING BEFORE TCC AND NOT PARTICIPATE IN THE DECISION MAKING REGARDING THE MATTER. MEMBERS OF THE BOARD, ANY COMMITTEE OR STAFF WHO IS AN OFFICER, BOARD MEMBER, COMMITTEE MEMBER OR STAFF MEMBER OF ANY TCC CLIENT OR VENDOR WILL IDENTIFY ANY SUCH AFFILIATION WITH THE CLIENT OR VENDOR; AND NOT PARTICIPATE IN ANY BOARD OR COMMITTEE DECISION AFFECTING THAT CLIENT OR VENDOR.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE:**

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE SPRING OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR EXECUTIVE COMPENSATION, BASE SALARY AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS. THE COMMITTEE ALSO REVIEWS AND APPROVES THE ENTIRE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR EACH YEAR.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

IT IS TCC'S POLICY TO FULLY COMPLY WITH FEDERAL AND ARIZONA PUBLIC DISCLOSURE REQUIREMENTS WITH RESPECT TO IRS FORMS 990 AND 1023. OUR ORGANIZATION WILL FULFILL ALL REQUESTS FOR FORMS MADE IN WRITING OR IN PERSON.

2008

## FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT RSTCC

TEMPE COMMUNITY COUNCIL, INC.

51-0189790

12/04/09

11 08AM

GRANTS AND ALLOCATIONS BUS (990, SCH I)  
TOTAL NUMBER OF ORGANIZATIONS THAT ARE RECOGNIZED AS 501(C)(3) OR GOV  
ORGANIZATIONS [O]

BOYS AND GIRLS CLUB OF THE EAST VALLEY	\$	67,119.
KYRENE ELEMENTARY SCHOOL DISTRICT		35,500.
TEMPE UNION HIGH SCHOOL DISTRICT		60,312.
TEMPE ELEMENTARY SCHOOL DISTRICT		33,444.
ASSISTANCE LEAGUE OF EAST VALLEY		5,000.
CASA		4,000.
CHILDSPLAY		2,000.
EAST VALLEY SOL		1,000.
MARICOPA TV		5,000.
PTM PROGRAMS FOR YOUTH, INC.		3,000.
SHOW AND TELL PROGRAM		3,000.
TCVB RAQUET BALL TOURNEY		2,500.
TEMPE COMMUNITY ACTION AGENCY		7,536.
TEMPE IMPACT EDUCATION		8,000.
TEMPE PREP ACADEMY FOUNDATION		15,346.
VALLEY OF THE SUN YMCA		5,000.
CARE, INC.		7,286.
TEMPE COMMUNITY FOUNDATION		9,987.
UNIVERSITY OF ARIZONA		18,500.
TEMPE UNION HIGH SCHOOL DISTRICT FOUNDATION		24,350.
TEMPE YMCA		15,805.
SHAE VEECH		3,000.
OTHER		8,156.
THE CENTERS FOR HABILITATION		12,500.
TOTAL	\$	<u>357,341.</u>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	TEMPE COMMUNITY COUNCIL, INC.	51-0189790
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	34 E. 7TH ST, BLD A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TEMPE, AZ 85281	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► TEMPE COMMUNITY COUNCIL, INC.

Telephone No. ► 480-858-2300 FAX No. ► 480-858-2319

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2008)