See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization
FLAGSTAFF CULTURAL PARTNERS, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 296

City or town, state or country, and ZIP + 4
FLAGSTAFF, AZ 86002

D Employer identification number
86-0488006

E Telephone number
(928) 779-2300

F Group Exemption Number ▶

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

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

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

I Website: ▶ www.culturalpartners.org

J Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 595,615

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	60,312
	2	Program service revenue including government fees and contracts		2	481,840
	3	Membership dues and assessments		3	
	4	Investment income		4	5
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	6a	Gross revenue (not including $ 8,673 of contributions reported on line 1)	6a 41,428		
	6b	Less: direct expenses other than fundraising expenses	6b 30,905		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,523
	7a	Gross sales of inventory, less returns and allowances	7a		
	7b	Less: cost of goods sold	7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ Rental Income-$11962/Misc$68)		8	12,030
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	564,710
Expenses	10	Grants and similar amounts paid (attach schedule)		10	389,708
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	136,044
	13	Professional fees and other payments to independent contractors		13	26,500
	14	Occupancy, rent, utilities, and maintenance		14	10,871
	15	Printing, publications, postage, and shipping		15	13,958
	16	Other expenses (describe ▶ Supplies, etc)		16	66,047
	17	**Total expenses.** Add lines 10 through 16 ▶		17	643,128
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-78,418
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	120,044
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	41,626

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	42,513	22	32,683
23	Land and buildings	8,859	23	5,280
24	Other assets (describe ▶ A/R;Prepaid;Art Coll; CIP)	99,182	24	30,973
25	**Total assets**	150,554	25	68,936
26	**Total liabilities** (describe ▶)	30,510	26	27,311
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	120,044	27	41,625

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

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

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

28 Provide grants to 29 arts organizations and 2 government organizations

(Grants $ 389,708) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 522,043

29 Artwalk-First Fridays walk of art galleries
136 Sponsorships/Participants

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a 21,021

30 Guitar Series-duo 46;Duozona;Dylla;Eduardo Fernandez;Escarpa;Four pack Season Pass;Stanley Jordan
1 Sponsorhip 170 Participants

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a 15,931

31 Other program services (attach schedule) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a 84,133

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 643,128

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ingrid Lee 2300 N Fort Valley Rd,Flagstaff, AZ 86004	President 2-3	0	0	3,000
Terry Hubbard 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Vice President 2-3	0	0	0
Jean Hockman 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Past President 1-2	0	0	0
Holly Taylor 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Treasurer 2-3	0	0	0
Marjorie Kamine 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Secretary 2-3	0	0	0
Carl Taylor 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Rick Swanson 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Frank Garcia 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Julie Pastrick 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Heather Ainardi 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Samantha Kelty 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Richard Fernandez 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Darcy Falk 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Barbara Osborne 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
Peter Jolma 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Member 1-2	0	0	0
John Tannous 2300 N Fort Valley Rd,Flagstaff, AZ 86004	Exec Dir 40	60,260	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	x	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b	N	A
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		x
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	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	40e		x
41	List the states with which a copy of this return is filed ▶ Arizona			
42a	The books are in care of ▶ The Corporation Telephone no ▶ (928) 779-2300			
	Located at ▶ 2300 North Fort Valley Road, Flagstaff, AZ ZIP + 4 ▶ 86001			
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)?	42b		x
	If "Yes," enter the name of the foreign county ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country ▶ N/A			
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 ▶ 43			

			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		x

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		x
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		x
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		x
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	x	
b	If "Yes," was the related organization(s) a section 527 organization?	49b		x

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $100,000 ▶	0			

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over $100,000 ▶	0	0

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

Sign Here

▶ Signature of officer Holly W Taylor Date 02-14-10

▶ Type or print name and title Holly W Taylor, Treasurer

Paid Preparer's Use Only

Preparer's signature ▶		Date 1-8-10	Check if self-employed ▶ x	Preparer's Identifying Number (See instructions) 86-0968376
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Loren Cunningham, CPA, PLLC 2200 East Cedar Avenue, Suite #5, Flagstaff		EIN ▶	86-0968376
			Phone no ▶	(928) 526-8442

May the IRS discuss this return with the preparer shown above? See instructions ▶ x Yes No

JSA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FLAGSTAFF CULTURAL PARTNERS, INC.	86-0488006

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	471,913	80,324	51,815	147,554	60,312	811,918
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	471,913	80,324	51,815	147,554	60,312	811,918
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)						3,493
6 **Public support.** Subtract line 5 from line 4.						808,425

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	471,913	80,324	51,815	147,554	60,312	811,918
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152	247	22,724	21,802	53,395	98,320
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				22	68	90
11 **Total support.** Add lines 7 through 10						910,328
12 Gross receipts from related activities, etc. (See instructions.)					12	1,700,852

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.8059%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.8679%

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

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 "fact-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 ▶ ☐

JSA

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.0000 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.0000 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. 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
FLAGSTAFF CULTURAL PARTNERS, INC.

Employer identification number
86-0488006

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ 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 990-EZ 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? Yes	(iii) No	(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
Total . . . . . ▶						

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

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

		(a) Event #1 Viola Awards (event type)	(b) Event #2 Rug Auction (event type)	(c) Other Events Weaves/Oscar (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	23,588	20,823	2,370	46,781
	2 Less: Charitable contributions	8,673			8,673
	3 Gross revenue (line 1 minus line 2)	14,915	20,823	2,370	38,108
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,937	12,568	3,080	27,585
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(27,585)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				10,523

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1 Gross revenue			3,320	3,320
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			3,320	3,320
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ___% ☐ No	☐ Yes ___% ☐ No	☒ Yes 85 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(3,320
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				0

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

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	100.0000%		
b	An outside facility	13b	0.0000%		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records				
	Name ▶ John Tannous				
	Address ▶ 2300 N Fort Valley Road, Flagstaff, AZ				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a		x
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ N/A and the amount of gaming revenue retained by the third party ▶ $ N/A.					
c	If "Yes," enter name and address.					
	Name ▶ N/A					
	Address ▶ N/A					
16	Gaming manager information					
	Name ▶ John Tannous					
	Gaming manager compensation ▶ $ 630					
	Description of services provided ▶ May - June 2009					
	[x] Director/officer [x] Employee [ ] Independent contractor					
17	Mandatory distributions					
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a		x
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 ▶ $ N/A					

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**

▶ **Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FLAGSTAFF CULTURAL PARTNERS, INC.

Employer identification number

86-0488006

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity

		Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization			
a Become a director or trustee of a successor or transferee organization?	2a		
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c Become a direct or indirect owner of a successor or transferee organization?	2c		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III	3		
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	4a		
b	(If "Yes," provide the date of the letter ▶ _____)			
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a		
b	If "Yes," did the organization provide such notice?	5b		
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6		
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b		
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity
Sign	03/31/09	86,508	Cost		Coconino County Government 219 E Cherry Avenue	170(c)(1)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	x	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		x
c	Become a direct or indirect owner of a successor or transferee organization?	2c		x
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		x

e If the organization answered ""Yes"" to any of the questions in this line, provide the name of the person involved and explain in Part III Carl Taylor

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

Carl Taylor was a voting member of the Board of Supervisors of Coconino County and a voting member of Flagstaff Cultural Partners, Inc on 03/31/2009.

Flagstaff Cultural Partners, Inc.
June 30, 2009
86-0488006

Part I, Line 10 Grants and similar amounts paid (attach schedule)

Arboretum of Flagstaff	$ 28,000
Arizona Historical Society	3,000
Artists Coalition of Flagstaff	4,000
Ballet Folklorico de Colores	4,000
Canyon Movement Company	15,000
Coconino Community College District	3,000
Diablo Trust	2,000
Dry Creek Arts Fellowship	7,500
Elden Pueblo Project	6,000
Flagstaff Festival Of Science	10,200
Flagstaff Friends of Traditional Music	15,000
Flagstaff Light Opera	3,500
Flagstaff Symphony Orchestra	23,000
Flagstaff Youth Theater	3,500
Grand Canyon Guitar Society	3,000
Grand Canyon Youth	6,500
Heritage Square Trust	6,000
Human Nature Dance Theatre	7,000
International Dark-Sky Association	4,700
KNAU Radio	21,000
Lowell Observatory	27,000
Master Chorale of Flagstaff	8,000
Museum of Northern Arizona	29,000
Northern Arizona Book Festival	7,500
Northern Arizona Celtic Heritage Society	5,400
Northland Family Help Center	3,200
Pioneer Museum	9,000
Theatrikos	18,600
USA Dance	2,000
Willow Bend Environmental Education Center	17,600
Coconino County Government	86,508
Total Donations to Others	$ 389,708

Part I, Line 16 Other Expenses

Advertising	$ 22,479
Bank Service Charges	2,225
Depreciation	3,578
Dues & Subscriptions	576
Equipment Rentals; Repair & Maintenance	4,820
Insurance	3,267
Misellaneous	58
Supplies	14,770
Telecommunications	3,514
Travel/Hospitality	10,760
Total Line 16 Other Expenses	$ 66,047

Flagstaff Cultural Partners, Inc.
June 30, 2009
86-0488006

SUPPORTING SCHEDULES

Part III, Line 31 Other program services (attach schedule)

FABA	$ 9,939
Elemental Expressions	9,760
Dance Exhibit	9,616
Otra Voz	7,903
Steve Roach	7,477
Night Visions	7,160
Recycled Art Show	6,114
Outreach	5,170
Youth Celebrate Art	4,431
Arb Concert Series	3,203
Richie Havens	2,849
Appetizers Exhibit	1,716
Oscars	1,578
FSO Dark Skies	1,544
ADHK	1,317
Folk Festival	1,038
Hot Club of Phx	937
e-newsletter	883
Stories To Life	677
Quaterra	316
Teen Poetry Festival	256
Fred & Mary	248
Total Other Program Services	$ 84,134