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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning** **January 1**, 2009, and ending **December 31**, 20 **09****B** Check if applicable:

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

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

C Name of organization**Cultural Exchange Council of Tucson, Inc.**

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

PO Box 42044

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

Tucson, AZ 85733-2044**D Employer identification number****51-0195434****E Telephone number****520 370-0588****F Group Exemption Number** ►• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G Accounting Method:** ☒ Cash ☐ Accrual
Other (specify) ►**I Website:** ► **www.tucsonmeetyourself.org****H Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J Tax-exempt status** (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► **\$ 198,967****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	142,506
2	Program service revenue including government fees and contracts	2	47,284
3	Membership dues and assessments	3	0
4	Investment income	4	452
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ►)	8	8,725
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	198,967
10	Grants and similar amounts paid (attach schedule)	10	850
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	79,839
14	Occupancy, rent, utilities, and maintenance	14	1
15	Printing, publications, postage, and shipping	15	6,405
16	Other expenses (describe ► see appendix line 16)	16	116,892
17	Total expenses. Add lines 10 through 16	17	203,987
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,020)
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	61,552
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	56,532

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61,552	56,532
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	61,552	56,532
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,552	56,532

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

Cat No 106421

Form **990-EZ** (2009)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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.		✓
41 List the states with which a copy of this return is filed. ▶ Arizona		
42a The organization's books are in care of ▶ Robert Shatz Telephone no. ▶ 520-577-6990 Located at ▶ P.O. Box 42044, Tucson, Arizona ZIP + 4 ▶ 85733-2044		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI

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

	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	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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

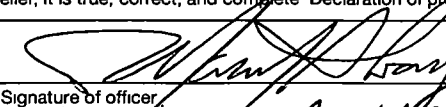
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
not applicable				

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Not Applicable		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		8/4/10 Date	
	MARIBEL ALVAREZ, Board Chair Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Robert Shatz
 Robert Shatz, Treasurer/CFO
 08/05/10

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Cultural Exchange Council of Tucson, Inc.

Employer identification number

51 : 0195434

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: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 ☐ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III—Functionally integrated
 - d ☐ Type III—Other
 - e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

[illegible]

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72358	69460	71579	80476	142,506	436,379
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6500	10000	10000	16000	13500	56,000
4 Total. Add lines 1 through 3	78858	79460	81579	96476	156006	492,379
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)						5,699
6 Public support. Subtract line 5 from line 4.						486,680

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	78858	79460	81579	96476	156006	492,379
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173	1381	35	14	452	2,055
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						494,434
12 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.43 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.61 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

7 h) Security	0 00
7 i) Other Expenses	
Subscriptions	0 00
Professional Development	0 00
State Taxes	0 00
7 i) Other Expenses - Other	<u>0 00</u>
Total 7 i) Other Expenses	0 00
7. Remaining Operating Expenses - Other	<u>17,415 81</u>
Total 7. Remaining Operating Expenses	<u>18,710 61</u>
Total Expense	<u>35,591 20</u>
Net Income	<u><u>-478.75</u></u>

Part III

Organization's Primary Exempt Purpose

The mission of the Cultural Exchange Council is to encourage awareness, understanding, respect and expression of cultural diversity in Southern Arizona.

Describe achievements see Part III lines 28 and 29 on form 990EZ

Line 35 – Why we are not filing 990T. The income was incidental to our mission and not the focus of our event. Therefore, it is not considered unrelated income, and we are not filing the 990T.

Schedule A:

11f = 494,434, so 2% is \$9889

List of Donations over \$9,889 since 2005 is:

Total	<u>\$5,699</u>
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Appendix 1 July 3, 2010

Part I. Revenues Expenses and Changes in Net Assets

Line 1. Total Contributions, Gifts, Grants, etc.

Corporate Contributions	37,339
Foundation Grants	20,672
Government Support	34,159
Other Private Contributions	26,836
<u>Non-Cash In-Kind Donations</u>	<u>23,500</u>
Total Contributions, Gifts, etc.	142,506

Line 2. Program Service Revenue

Concessions 21,865

Admissions

Affiliated Organizations	8,274
Individual Membership	300
<u>Single ticket sales</u>	<u>6,751</u>
	15,325

Contract Services

Global Village	480
Market Place	60
Food Booths	8,974
Heritage Foods Market	90
Welcome Booths	330
<u>Folk Arts Demos</u>	<u>160</u>
	10,094

Total 47,284

Line 4. Interest income 452

Line 8. Other Revenue

Deposit refund	500
overdraft refund	20
reimbursement of TMY deposit	200
eimbursement of deposit	100
4 th Avenue Street Fair	877
<u>return change used at festival to 3084</u>	<u>8,000</u>
Total	9,697

Line 10. Grants and Similar Amounts Paid	
Mini-Grants	850

Not one of the grants exceeded \$5,000, so no schedule is attached.

Line 13.	
Artists	14,792
Consultants/Other experts	26,048
Global Village	100
Downtown Tucson Partnership	3,870
Other	35,029
	<u>79,839</u>

Line 14.	
Rent/Utilities	<u>1</u>
	\$1

Line 15.	
Postage	359
Printing	83
Publishing	5,963
	<u>\$ 6,405</u>

Line 16. Other Expenses	
Supplies	6,997
Communications	4,609
Bank Service Charges	249
Security	4,793
Insurance	1,141
In-kind	23,500
Equipment rental	17,847
Special events	2,034
Concession	35,805
Other expenses	4,045
Production expenses	1,330
Travel expenses	603
Remaining operating expenses	<u>13,939</u>
	116,892

Line 28 Expenses Breakdown
Tucson Meet Yourself Festival

Income

9. Admissions

Affiliated Organizations	500 00
Individual Membership	0 00
Single Ticket Sales	<u>6,750 50</u>

Total 9. Admissions 7,250 50

10. Contracted Services

10.a Global Village	480 00
10.b Market Place	60 00
10.c Food Booths	8,974.00
10.d Heritage Foods Market	90 00
10.e Welcome Booths	330 00
10.f Folk Arts Demos	<u>160 00</u>

Total 10. Contracted Services 10,094 00

11. Other Revenue

Sales/Concessions

Beverage Sales	0 00
Diversity Drawing	0.00
Donations	2,524 00
T-shirts (new and vintage)	0 00
Sales/Concessions - Other	<u>5,375 00</u>

Total Sales/Concessions 7,899 00

Interest Income 452 06

Deposit Refund 520 00

11. Other Revenue - Other 300 00

Total 11. Other Revenue 9,171 06

12. Corporate Contributions 11,133 33

13. Foundation Grants 7,850 00

14. Other Private Contributions

Board Members	6,000 00
Individuals	<u>4,873 00</u>

Total 14. Other Private Contributions 10,873 00

15. Government Support

15 c) State 0 00

15 d) County	0 00
15 e) City and Related	16,494 50
15 f) Sovereign Nation	<u>5,000 00</u>
Total 15. Government Support	<u>21,494 50</u>
Total Income	77,866 39
Expense	
2. Contract Services	
2.a) Artists	
Stage & Performing Honorariums	
Check Payment	5,278 00
Stage & Performing Honorariums - Other	<u>2,585 31</u>
Total Stage & Performing Honorariums	7,863 31
 Iron Chef	150 00
Food and Culture Honorarium	
Check Payment	<u>250 00</u>
Total Food and Culture Honorarium	250 00
 Folk Arts Demonstrations	
Cash Payments of Honorariums	480 00
Check Payment	5,280 00
Reimbursement	52 00
Supplies	<u>517 00</u>
Total Folk Arts Demonstrations	6,329 00
 Car Show	<u>200 00</u>
Total 2.a) Artists	14,792 31
 2.b) Consultants/Other Experts	3,166 45
2.c) CEC - Mini Grants	0 00
2.d) Global Village	100 00
2.e) Downtown Tucson Ptnshp	3,870 00
2. Contract Services - Other	<u>24,083 62</u>
Total 2. Contract Services	46,012 38
 3. Production Expenses	0 00
4. Space/Facilities Rentals	
Pima County	<u>0 00</u>
Total 4. Space/Facilities Rentals	0 00

5. Travel	0 00
6. Marketing/PR/Promotion	
Advertising	65 00
Posters, Programs, Other	1,181 54
6. Marketing/PR/Promotion - Other	<u>1,693 77</u>
Total 6. Marketing/PR/Promotion	2,940 31
7. Remaining Operating Expenses	
7.a) Concessions Related	
Beverages Costs	0 00
Ice	1,978.23
Starting cash	8,000 00
7.a) Concessions Related - Other	<u>12,313 87</u>
Total 7.a) Concessions Related	22,292 10
7.b) Special Events	
Other	
Snacks for Meetings	116 00
Subscriptions	15 84
Other - Other	<u>0.00</u>
Total Other	131 84
7.b) Special Events - Other	<u>0 00</u>
Total 7.b) Special Events	131 84
7.c) Equipment Rental	
Ace Pumping	1,573 93
Arizona Party Rentals	12,489 77
Barricades	680 91
City of Tucson	656 00
ISS - Courthouse Restrooms	525 00
U-Haul	480 35
Unifirst	729 68
7.c) Equipment Rental - Other	<u>200 00</u>
Total 7.c) Equipment Rental	17,335 64
7 d) Supplies/Materials	
Printing	0 00
7 d) Supplies/Materials - Other	<u>4,128 20</u>
Total 7 d) Supplies/Materials	4,128 20

7 e) Insurance	0 00
7 f) Communications	
Computer Related Purchase	678 03
POB rental and Postage	116 43
Internet	12 95
Phone and Cell Phone	1,859 31
Website	<u>1,284 90</u>
Total 7 f) Communications	3,951 62
7 g) Financial Services Charges	
Bank Checks	0 00
7 g) Financial Services Charges - Other	<u>28 20</u>
Total 7 g) Financial Services Charges	28 20
7 h) Security	4,792 50
7 i) Other Expenses	
Subscriptions	0 00
Professional Development	0 00
State Taxes	0 00
7 i) Other Expenses - Other	<u>1,496 77</u>
Total 7 i) Other Expenses	1,496 77
7. Remaining Operating Expenses - Other	<u>0 00</u>
Total 7. Remaining Operating Expenses	<u>54,156 87</u>
Total Expense	<u>103,109 56</u>
Net Income	<u><u>-25,243.17</u></u>

National Danish Performance Team Expense Breakdown

Income

9. Admissions

Affiliated Organizations	6,774 45
Individual Membership	0 00
Single Ticket Sales	<u>0 00</u>
Total 9. Admissions	6,774 45

10. Contracted Services

10.a Global Village	0 00
---------------------	------

10.b Market Place	0 00
10.c Food Booths	0 00
10.d Heritage Foods Market	0 00
10.e Welcome Booths	0 00
10.f Folk Arts Demos	<u>0 00</u>
Total 10. Contracted Services	0 00
11. Other Revenue	
Sales/Concessions	
Beverage Sales	0.00
Diversity Drawing	0 00
Donations	0 00
T-shirts (new and vintage)	0 00
Sales/Concessions - Other	<u>0 00</u>
Total Sales/Concessions	0 00
Interest Income	0 00
Deposit Refund	0 00
11. Other Revenue - Other	<u>0 00</u>
Total 11. Other Revenue	0 00
12. Corporate Contributions	21,150 00
13. Foundation Grants	0 00
14. Other Private Contributions	
Board Members	0 00
Individuals	<u>2,338 00</u>
Total 14. Other Private Contributions	2,338 00
15. Government Support	
15 c) State	3,850 00
15 d) County	1,000 00
15 e) City and Related	0 00
15 f) Sovereign Nation	<u>0 00</u>
Total 15. Government Support	<u>4,850 00</u>
Total Income	35,112 45
Expense	
2. Contract Services	
2.a) Artists	
Stage & Performing Honorariums	
Check Payment	0 00

Stage & Performing Honorariums - Other	0 00
Total Stage & Performing Honorariums	0 00
Iron Chef	0 00
Food and Culture Honorarium	
Check Payment	0 00
Total Food and Culture Honorarium	0 00
Folk Arts Demonstrations	
Cash Payments of Honorariums	0 00
Check Payment	0 00
Reimbursement	0 00
Supplies	0 00
Total Folk Arts Demonstrations	0 00
Car Show	0 00
Total 2.a) Artists	0 00
2.b) Consultants/Other Experts	15,000 00
2.c) CEC - Mini Grants	0 00
2.d) Global Village	0 00
2.e) Downtown Tucson Ptnshp	0 00
2. Contract Services - Other	0 00
Total 2. Contract Services	15,000 00
3. Production Expenses	0 00
4. Space/Facilities Rentals	
Pima County	0 00
Total 4. Space/Facilities Rentals	0 00
5. Travel	0 00
6. Marketing/PR/Promotion	
Advertising	500 00
Posters, Programs, Other	680 59
6. Marketing/PR/Promotion - Other	700 00
Total 6. Marketing/PR/Promotion	1,880 59
7. Remaining Operating Expenses	
7.a) Concessions Related	
Beverages Costs	0 00
Ice	0 00
Starting cash	0 00

7.a) Concessions Related - Other	0 00
Total 7.a) Concessions Related	0 00
7.b) Special Events	
Other	
Snacks for Meetings	0 00
Subscriptions	0 00
Other - Other	956 80
Total Other	956 80
7.b) Special Events - Other	0 00
Total 7.b) Special Events	956 80
7.c) Equipment Rental	
Ace Pumping	0 00
Arizona Party Rentals	0 00
Barricades	0 00
City of Tucson	126 00
ISS - Courthouse Restrooms	0 00
U-Haul	0 00
Unifirst	0 00
7.c) Equipment Rental - Other	0 00
Total 7.c) Equipment Rental	126 00
7 d) Supplies/Materials	
Printing	0 00
7 d) Supplies/Materials - Other	0 00
Total 7 d) Supplies/Materials	0 00
7 e) Insurance	200 00
7 f) Communications	
Computer Related Purchase	0 00
POB rental and Postage	0 00
Internet	0 00
Phone and Cell Phone	0 00
Website	0 00
Total 7 f) Communications	0 00
7 g) Financial Services Charges	
Bank Checks	0 00
7 g) Financial Services Charges - Other	12 00
Total 7 g) Financial Services Charges	12 00

► **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 and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Cultural Exchange Council of Tucson, Inc.	Employer identification number 51 0195434	
	Number, street, and room or suite no. If a P O box, see instructions PO Box 42044		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85733-2044		

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

- | | | |
|---|---|------------------------------------|
| <input 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ► **Robert Shatz**

Telephone No. ► (520) 577-6990 FAX No. ► (520) 577-9662

- 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 **August 10**, 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 January 1, 20 09, and ending December 31, 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	\$
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	\$
c Balance Due. 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	\$

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- 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 is for.
- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Robert Smith Title ▶ Treasurer/CFO Date ▶ 05/10/10

James H. Hays

Board Chair

Form **8868** (Rev. 4-2009)
8/4/10