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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  
InspectionA For the 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 2009

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>Cultural Exchange Council of Tucson, Inc.</b>	<b>D</b> Employer identification number <b>51-0195434</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Name change	E Telephone number <b>520 370-0588</b>	
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4	<b>F</b> Group Exemption Number ►
<input type="checkbox"/> Terminated	<b>Tucson, AZ 85733-2044</b>	
<input type="checkbox"/> Amended return	<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>	
<input type="checkbox"/> Application pending	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	

I Website: ► [www.tucsonmeetyourself.org](http://www.tucsonmeetyourself.org)J Tax-exempt status (check only one) —  501(c) ( 3 ) ▲ (insert no)  4947(a)(1) or  527K 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.)

Revenue	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
Expenses	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
Net Assets	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 22	56,532
23 Land and buildings . . . . .		23
24 Other assets (describe ► ) . . . . .		24
25 Total assets . . . . .	61,552 25	56,532
26 Total liabilities (describe ► ) . . . . .		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	61,552 27	56,532

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

What is the organization's primary exempt purpose? See appendix

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

28	Tucson Meet Yourself - The Folk and Ethnic Communities of southern Arizona share food, music, dance, culture and crafts in a weekend festival. 75,000 attendance at no charge. In-Kind services include 23,500 - \$13,500 from the City of Tucson and \$10,000 In Advertising by Arizona Daily Star (Grants \$ 7,850 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	103,110
29	National Danish Performance Team - A cross-cultural extravaganza featuring young men and women from Denmark who come to the community to promote exchange and fitness (Grants \$ 21,150 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	35,591
30	   (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	138,701
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	138,701

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

## 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 . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
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? . . . . .	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> 0	37a	0
b Did the organization file Form 1120-POL for this year? . . . . .	37b	
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? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9 . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <b>0</b> ; section 4912 ► <b>0</b> ; section 4955 ► <b>0</b>		
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 . . . . .	40b	✓
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 . . . . . ► <b>0</b>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► <b>0</b>		
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	✓
41 List the states with which a copy of this return is filed. ► <b>Arizona</b>		
42a The organization's books are in care of ► <b>Robert Shatz</b> Telephone no. ► <b>520-577-6990</b> Located at ► <b>P.O. Box 42044, Tucson, Arizona</b> ZIP + 4 ► <b>85733-2044</b>		
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	✓
If "Yes," enter the name of the foreign country: ► <b> </b> 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	✓
If "Yes," enter the name of the foreign country: ► <b> </b>		
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 . . . . . ► <b>43</b> 0		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
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	✓

## Part VI

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

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

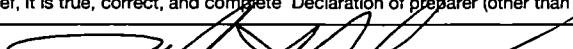
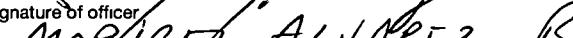
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
not applicable				

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
<b>Not Applicable</b>		

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

<b>Sign Here</b>	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		Date 3/4/10	
	 MARIBEL ALVAREZ, Board Chair			
<b>Paid Preparer's Use Only</b>	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 <input type="checkbox"/>	Phone no <input type="checkbox"/>
May the IRS discuss this return with the preparer shown above? See instructions . . . . .				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

**Form 990-EZ (2009)**

Robert Shatz  
Robert Shatz, Treasurer/CFO

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

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  
 h Provide the following information about the supported organization(s).

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

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

**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
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>78858</b>	<b>79460</b>	<b>81579</b>	<b>96476</b>	<b>156006</b>	<b>492,379</b>
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
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						<b>486,680</b>

**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
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						<b>494,434</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 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**

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	%
<b>16a 33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>			
<b>b 33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2009.</b> 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>b 10%-facts-and-circumstances test—2008.</b> 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"/>			
<b>18 Private foundation.</b> 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"/>			

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

<b>Total</b>	<b>\$5,699</b>
--------------	----------------

## 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 <sup>th</sup> 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
<u>Other</u>	<u>35,029</u>
	79,839

Line 14.

<u>Rent/Utilities</u>	<u>1</u>
	\$1

Line 15.

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

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
<u>Remaining operating expenses</u>	<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>
<b>Total 9. Admissions</b>	<b>7,250 50</b>

**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>
<b>Total 10. Contracted Services</b>	<b>10,094 00</b>

**11. Other Revenue**

**Sales/Concessions**

Beverage Sales	0 00
Diversity Drawing	0.00
Donations	2,524 00
T-shirts (new and vintage)	0 00
<b>Sales/Concessions - Other</b>	<b><u>5,375 00</u></b>
<b>Total Sales/Concessions</b>	<b>7,899 00</b>

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>
<b>Total 14. Other Private Contributions</b>	<b>10,873 00</b>

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

<b>5. Travel</b>	0 00
<b>6. Marketing/PR/Promotion</b>	
Advertising	65 00
Posters, Programs, Other	1,181 54
<b>6. Marketing/PR/Promotion - Other</b>	<u>1,693 77</u>
<b>Total 6. Marketing/PR/Promotion</b>	2,940 31

**7. Remaining Operating Expenses**

**7.a) Concessions Related**

Beverages Costs	0 00
Ice	1,978.23
Starting cash	8,000 00
<b>7.a) Concessions Related - Other</b>	<u>12,313 87</u>
<b>Total 7.a) Concessions Related</b>	22,292 10

**7.b) Special Events**

**Other**

Snacks for Meetings	116 00
Subscriptions	15 84
Other - Other	<u>0.00</u>
<b>Total Other</b>	131 84

**7.b) Special Events - Other** 0 00

**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
<b>7.c) Equipment Rental - Other</b>	<u>200 00</u>
<b>Total 7.c) Equipment Rental</b>	17,335 64

**7 d) Supplies/Materials**

Printing	0 00
<b>7 d) Supplies/Materials - Other</b>	<u>4,128 20</u>
<b>Total 7 d) Supplies/Materials</b>	4,128 20

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

### National Danish Performance Team Expense Breakdown

<b>Income</b>	
<b>9. Admissions</b>	
<b>Affiliated Organizations</b>	6,774 45
<b>Individual Membership</b>	0 00
<b>Single Ticket Sales</b>	<u>0 00</u>
<b>Total 9. Admissions</b>	6,774 45
<b>10. Contracted Services</b>	
<b>10.a Global Village</b>	0 00

<b>10.b Market Place</b>	0 00
<b>10.c Food Booths</b>	0 00
<b>10.d Heritage Foods Market</b>	0 00
<b>10.e Welcome Booths</b>	0 00
<b>10.f Folk Arts Demos</b>	<u>0 00</u>
<b>Total 10. Contracted Services</b>	0 00

**11. Other Revenue**

<b>Sales/Concessions</b>	
<b>Beverage Sales</b>	0.00
<b>Diversity Drawing</b>	0 00
<b>Donations</b>	0 00
<b>T-shirts (new and vintage)</b>	0 00
<b>Sales/Concessions - Other</b>	<u>0 00</u>
<b>Total Sales/Concessions</b>	0 00
 <b>Interest Income</b>	0 00
<b>Deposit Refund</b>	0 00
<b>11. Other Revenue - Other</b>	<u>0 00</u>
<b>Total 11. Other Revenue</b>	0 00

<b>12. Corporate Contributions</b>	21,150 00
<b>13. Foundation Grants</b>	0 00
<b>14. Other Private Contributions</b>	
<b>Board Members</b>	0 00
<b>Individuals</b>	<u>2,338 00</u>
<b>Total 14. Other Private Contributions</b>	2,338 00

**15. Government Support**

<b>15 c) State</b>	3,850 00
<b>15 d) County</b>	1,000 00
<b>15 e) City and Related</b>	0 00
<b>15 f) Sovereign Nation</b>	<u>0 00</u>
<b>Total 15. Government Support</b>	<u>4,850 00</u>

**Total Income** 35,112 45

**Expense**

<b>2. Contract Services</b>	
<b>2.a) Artists</b>	
<b>Stage &amp; Performing Honorariums</b>	
<b>Check Payment</b>	0 00

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

7.a) Concessions Related - Other	<u>0 00</u>
<b>Total 7.a) Concessions Related</b>	<b>0 00</b>

**7.b) Special Events****Other**

Snacks for Meetings	0 00
Subscriptions	0 00
Other - Other	<u>956 80</u>
<b>Total Other</b>	<b>956 80</b>

7.b) Special Events - Other	<u>0 00</u>
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<b>Total 7.b) Special Events</b>	<b>956 80</b>
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**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	<u>0 00</u>
<b>Total 7.c) Equipment Rental</b>	<b>126 00</b>

**7 d) Supplies/Materials**

Printing	0 00
7 d) Supplies/Materials - Other	<u>0 00</u>
<b>Total 7 d) Supplies/Materials</b>	<b>0 00</b>

7 e) Insurance	200 00
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**7 f) Communications**

Computer Related Purchase	0 00
POB rental and Postage	0 00
Internet	0 00
Phone and Cell Phone	0 00
Website	<u>0 00</u>
<b>Total 7 f) Communications</b>	<b>0 00</b>

**7 g) Financial Services Charges**

Bank Checks	0 00
7 g) Financial Services Charges - Other	<u>12 00</u>
<b>Total 7 g) Financial Services Charges</b>	<b>12 00</b>

**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.

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

**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 <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 \$

**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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).			
Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions.	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 ►

Title ►

Treasure CFO

Date ►

05/10/10

Form 8868 (Rev. 4-2009)



Robert Shantz

Board Chair

8/4/10