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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 \$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.

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number	
		PHOENIX CENTER ASSOCIATION		86-0712649	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		1202 NORTH 3RD STREET			(602) 262-4627
		City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ▶	
		PHOENIX, AZ 85004			

• 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: ▶ NONE

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 . . . ▶ \$ 3,316.

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	
	2	Program service revenue including government fees and contracts	2	3,250.
	3	Membership dues and assessments	3	
	4	Investment income	4	66.
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less: cost or other basis and sales expenses	5b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6 b	Less: direct expenses other than fundraising expenses	6b	
6 c	Net revenue (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
320	7 a	Gross sales of inventory less returns and allowances	7a	
	7 b	Less: cost of goods sold	7b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶)	8		
9	Total Revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	3,316.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	89,686.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0.
	13	Professional fees and other payments to independent contractors	13	2,500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	4,505.
	17	Total expenses. Add lines 10 through 16	17	96,691.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-93,375.
	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	162,845.
	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	69,470.

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	157,719.	69,470.
23	Land and buildings		
24	Other assets (describe ▶)	5,126.	0.
25	Total assets	162,845.	69,470.
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	162,845.	69,470.

SCANNED SEP 29 2010

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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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 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?		X
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.	X	
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?		X
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?		X
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		X
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		X
41	List the states with which a copy of this return is filed. ▶ ARIZONA		
42a	The organization's books are in care of ▶ MANAGEMENT Telephone no. ▶ 602-262-4627 Located at ▶ 1202 NORTH 3RD STREET, PHOENIX, AZ ZIP + 4 ▶ 85004		
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)?		X
	If "Yes," enter the name of the foreign county: ▶		
	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.?		X
	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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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
 - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
 - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 - 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 - 49b If "Yes," was the related organization a section 527 organization? Yes No
- 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
NONE				

f Total number of other employees paid over \$100,000 NONE

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
NONE		

d Total number of other independent contractors receiving over \$100,000 NONE

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

Carol M. Schumann 9-13-10
 Signature of officer Date

Carol M. Schumann, President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Carol M. Schumann* Date 8-26-10
 Check if self-employed Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ MHM, LLC EIN 34-1884125
 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012 Phone no. 602-264-6835

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

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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) 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.")	9,340.	10,170.	23,252	31,083.	0.	73,845.
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	471,572	648,488.	243,985	353,335.	3,250.	1,720,630
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0.	19,822.	28,111.	0.	47,933.
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	1,032,577.	600	0.	0.	0.	1,033,177.
6 Total. Add lines 1 through 5	1,513,489.	659,258.	287,059.	412,529	3,250	2,875,585.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0.	0	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0	0	0.	0.
c Add lines 7a and 7b.	0	0.	0.	0.	0	0.
8 Public support (Subtract line 7c from line 6.)						2,875,585.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	1,513,489.	659,258.	287,059.	412,529.	3,250.	2,875,585.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	713.	799.	238.	140.	66	1,956.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	713.	799.	238.	140.	66	1,956.
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) <u>ATCH 1</u>	21,138.	39,753.	0.	160.	0	61,051.
13 Total support. (Add lines 9, 10c, 11, and 12)	1,535,340	699,810.	287,297	412,829.	3,316.	2,938,592
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.86%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.15%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.07%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.05%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

ATTACHMENT 1

SCHEDULE A, PART III - O

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	21,138.	39,753.	0.	160.	0.	61,051
TOTAL	<u>21,138</u>	<u>39,753</u>	<u>0</u>	<u>160.</u>	<u>0</u>	<u>61,051.</u>

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 instrument(s)? If "No," describe in Part III		3
4a Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?		4a
b If "Yes," provide the date of the letter. Attach a copy of the letter and, if applicable, the organization's request for 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 recipient(s) (if tax-exempt) or type of entity
CASH		07/01/2009	84,560	BOOK VALUE	90-0470136	PHOENIX CHILDREN'S CHORUS, INC. 1202 N 3RD STREET, PHOENIX, AZ 85004	501(C)(3)
CAMP DEPOSITS		07/01/2009	5,126	BOOK VALUE	90-0470136	PHOENIX CHILDREN'S CHORUS, INC. 1202 N 3RD STREET, PHOENIX, AZ 85004	501(C)(3)

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

ATTACHMENT 2

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	66.
TOTAL	<u>66.</u>

ATTACHMENT 3

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
PHOENIX CHILDREN'S CHORUS, INC. 1202 N. 3RD STREET PHOENIX, AZ 85004	NONE PUBLIC CHARITY	PROGRAM SUPPORT	89,686
TOTAL CONTRIBUTIONS PAID			<u>89,686</u>

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	198.
DIRECTOR FEES	2,800.
BANK CHARGES	51.
DUES AND SUBSCRIPTIONS	10.
INSURANCE	1,390.
MISCELLANEOUS	56.
TOTAL	<u>4,505.</u>

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	137,894.	69,470.
SAVINGS	19,825.	0.
TOTALS	<u>157,719.</u>	<u>69,470.</u>

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CAMP DEPOSITS	5,126.	0.
TOTALS	<u>5,126.</u>	<u>0.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THIS CORPORATION SHALL BE TO WORK IN COOPERATION WITH THE PHOENIX CENTER FOR COMMUNITY ARTS STAFF, WITHIN THE FRAMEWORK OF THE PARKS & RECREATION DEPARTMENT OF THE CITY OF PHOENIX, TO PROVIDE EDUCATIONAL, SOCIAL, RECREATIONAL AND PERFORMANCE ACTIVITIES FOR THE GENERAL PUBLIC.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 8PROGRAM SERVICE ACCOMPLISHMENT 1

CITY JAZZ BIG BAND PROGRAM CREATED TO SUPPLEMENT MUSIC STUDIES WITH A CONCENTRATION ON JAZZ. YOUNG STUDENTS AUDITIONED, REHEARSED AND PERFORMED IN LIVE CONCERT VENUES. THE PROGRAM WAS DESIGNED FOR VARYING LEVELS OF PERFORMANCE ABILITIES FOR CHILDREN AGES 9 THROUGH 19.

FORMERLY PART OF THE PHOENIX CENTER ASSOCIATION, THE PHOENIX CHILDREN'S CHORUS APPLIED FOR AND RECEIVED TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND BEGAN SEPARATE OPERATIONS ON JULY 1, 2009. A GRANT WAS PAID TO THE CHORUS TO TRANSFER THEIR ASSETS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CAROL SCHUMANN 1202 NORTH 3RD STREET PHOENIX, AZ 85004	PRESIDENT 4.00	0.	0.	0.
LISA ANDERSON 1202 NORTH 3RD STREET PHOENIX, AZ 85004	VICE PRESIDENT 5.00	0.	0.	0.
PAT SULLIVAN 1202 NORTH 3RD STREET PHOENIX, AZ 85004	SECRETARY 1.00	0.	0.	0.
DARLENE DOWLIN 1202 NORTH 3RD STREET PHOENIX, AZ 85004	TREASURER 4.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.