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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury

Inter	nal Reve	enue Service		► The organization is	may have to use a	copy of this retu	n to satisfy state reporti			Open	to Public inspection
	For th	e 2009 calenda	ar year, c	or tax year beginnin	ng 7/01		, 2009, and endin	g 6/3	0	,	2010
В	Check i	f applicable		С	-				D Employe	r Identifica	ation Number
			Please use IRS label	SCOTTSDALE	CHARROS.	TNC			86-6	05279	96
	\Box		or print	10533 EAST				- h	E Telephor		
	\mathbf{H}	ime change	or type See	SCOTTSDALE,)-2977
		tial return	specific Instruc-						(480	990	<u> </u>
	∐Те	rmination	tions.								
	An	nended return						(G Gross re	ceipts \$	1,905,038.
	Ap	plication pending	F Name a	and address of principal	officer			H(a) Is this a	group return	for affiliat	es? Yes X No
			Same 1	As C Above				H(b) Are all a			Yes No
1	Tax	-exempt status	X 501	(c) (6) ◄ (insert no)	4947(a)(1) or 527	II NO, a	ttach a list	see instru	Ctions)
J				ROS.COM	,		,	H(c) Group ex	emotion nu	mher ►	
 к			X Corpora		Association	Other ►	L Year of Format				al domicile AZ
Pa		Summa	_	ation Trust	ASSOCIATION	Other	L Teal Of Format	,011 I J O I	1111 30	ate of lega	ii domicie 112
Га						uficant activity	DDOMOTE	CTTV OF	CCOTT	CDATI	E AND
				ganization's mission			s TROMOTE	CTII OL	2001.	เจกษา	F_WND
9		POPPORT 7	(OOTH	SPORTS AND	FOOCATION	Y -					
Activities & Governance											
19											
မွ		Check this box		if the organization			or disposed of mor	e than 25%	of its as		7
æ			_	bers of the govern	J , .		\/		}	4	<u>7</u> 7
9				it voting members		ng body (Part	VI, line 10)			5	
Σ̈́				yees (Part V, line 2	,					6	180
ct				eers (estimate if ne		anhuma (C) h	no 10		}	7a	0.
•		_		ousiness revenue fr			ne iz			7a 7b	0.
	<u>D</u>	ivet unrelated	business	taxable income from	om Form 990-	1, ime 34				/ b	_
								Pr	ior Year		Current Year
9			_	its (Part VIII, line 1							
Revenue				ue (Part VIII, line 2				1,	759,5		1,870,136.
ě	10	Investment inc	ome (Pa	art VIII, column (A)	, lines 3, 4, ar	nd 7d)			18,0		3,513.
Œ	11	Other revenue	(Part VI	II, column (A), line	s 5, 6d, 8c, 9	c, 10c, and 11	e)		33,2		31,389.
	12	Total revenue	add lu	nes 8 through 11 (r	nust equal Pa	irt VIII, columi	n (A), line 12)	1,	810,8		1,905,038.
	13	Grants and sir	nılar amo	ounts paid (Part IX	, column (A),	lines 1-3)			240,8	44.	342,800.
	14	Benefits paid t	to or for	members (Part IX,	column (A), I	ine 4)					
	15	Salaries, other	r comper	nsation, employee l	benefits (Part	IX, column (A), lines 5-10)		174,3	11.	84,641.
Expenses				g fees (Part IX, co			,		·		<u>, </u>
ĕ				•							
찣	b	rotai tundraisi	ng exper	nses (Part IX, colui X, column (A), line	nn (D) Hine 4	BEI VED				-	
							70		416,9		1,450,002.
	18	Total expense	s Add III	nes 13-17 (must ed	Part IX, c	olumn (A), lin	३ ३००	1,	832,0	97.	1,877,443.
	19	Revenue less	expense	s Subtract line 18		#13 ZUTU			-21,2	32.	27,595.
5 8					ш		ᄣ	Begins	ning of Ye	ar	End of Year
Net Assets or Fund Balancos	20	Total assets (F	⊃art X Iu	ne 16)	UCL	EN. U			708,8		720,018.
₹8		Total liabilities		· ·		CIV, U			273,2		256,832.
žš				ŕ	. 01 ()	20			•		
	<u>22</u> rt	Signatu		ances Subtract line	3 21 from line	20		_l	435,5	<u> </u>	463,186.
Pa	ITC II										
		Under penalties true, correct, ar	of perjury	I declare that I have exa Declaration of preparer	amined this return, r (other than office	including accomp r) is based on all	anying schedules and sta nformation of which prep	atements, and parer has any k	to the best on the control to the co	of my knov	wledge and belief, it is
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Siç He	jn		W					!	<u>(0. </u>	· /C	0
не	re	Signature o	of officer	\ '				Date			
		CRAIG	CURT	IS\				Presi	dent		
		Type or prii	nt name an	d title							
				}			Date		ck if	Prepa (see i	arer's identifying number instructions)
Pa		Proporor's	_			,		self em	oloyed ►	П <u>`</u>	,
Pre		Preparer's signature	► m	Feland.	Angle	- (l	A 10/6/1	0	-	└ │ N/ <i>I</i>	A
	rer's	Firm's name (or	CTN	SBURG & DWAI	LEEBE CP		 			1	
Ųs		yours if self	► 433			*** TITI		——	► N.	/A	
On	ıly	employed), address, and						EIN			026-0640
		ZIP + 4	MES.	•				Pho	ne no -	(602)	826-8640 X Yes No
Mar	/ the 1	KS discuss this	s return s	with the preparer sl	nown ahove?	rsee instruction	ins)			J	X Yes No

TEEA0113L 12/29/09

<u>Form</u>	990 (2009) SCOTTSDALE CHARROS, INC.	86-6052796	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission PROMOTE CITY OF SCOTTSDALE AND SUPPORT YOUTH SPORTS AND EDUCATION	J	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If 'Yes,' describe these changes on Schedule O	? Yes X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	expenses Section 501(c)(3) ocations to others, the total	
4a	(Code) (Expenses \$ 1,367,542. including grants of \$ 342,800.) (R BASEBALL: SPONSORSHIP OF PROFESSIONAL BASEBALL SPRING TRAINING TO NATIONAL PUBLICITY TO THE CITY OF SCOTTSDALE, ARIZONA. APPROXIMATATEND THE GAMES DURING THE SPRING TRAINING SEASON.	PROMOTE AND ATT	RACT
	TRAIL RIDE: AN ANNUAL ACTIVITY WHICH PAYS TRIBUTE TO MEMBERS OF TOMMUNITY FOR THEIR COMMITMENT AND EFFORT TOWARD THE GENERAL WELF SCOTTSDALE, ARIZONA. APPROXIMATE ANNUAL PARTICIPATION PER YEAR IS	FARE OF THE CITY S ABOUT 150 PEOPL	 OF
4 c	(Code) (Expenses \$	evenue \$)
Δ d	Other program services (Describe in Schedule O)		
-40	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses ► 1, 468, 671.		
<u> </u>	Town program softing expenses - 1, 100, 071.		

Page 3

Part-IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, $Part\ V$ Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х X as applicable. 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 12AWas the organization included in consolidated, independent audited financial statement for the tax No Yes Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{9}$ If 'Yes,' complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Х 19

Did the organization operate one or more hospitals? If 'Yes.' complete Schedule H

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Х

86-6052796 Page 4 Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than 5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b is the organization 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X 27 Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N. Part I 31

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule Q

Form 990 (2009)

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orm	n 990 (2009) SCOTTSDALE CHARROS, INC. 86-605279	96	Р	age 5
Par	rt'V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
t	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	·		
c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2 a	a Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2		
2t	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Χ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a	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)?	4a		Х
b	b If 'Yes,' enter the name of the foreign country	4		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?	5a		Х
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	4		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			

BAA

Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part'VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management				
				Yes	No
1 a	a Enter the number of voting members of the governing body	7			
t	b Enter the number of voting members that are independent 11	b 7	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation officer, director, trustee or key employee?	ship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors or trustees, or key employees to a management company or other person?	the direct supervision	3		х
4		ļ	4		X
•	since the prior Form 990 was filed?	<u> </u>			
5	Did the organization become aware during the year of a material diversion of the organization's as	ssets?	5		Х
6	Does the organization have members or stockholders?	7.50.13	6		X
_	Does the organization have members, stockholders, or other persons who may elect one or more governing body?	members of the	7a		Х
ŀ	b Are any decisions of the governing body subject to approval by members, stockholders, or other p	ersons?	7b		X
8		Ĭ			
	the following			X	
	a The governing body?	-	8a 8b	X	
	b Each committee with authority to act on behalf of the governing body?		اته	Λ	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot lorganization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q		9		X
	ction B. Policies (This Section B requests information about policies not req renue Code)	guired by the Interna	1		
11000	ende Code)	-	I	Yes	No
10 <i>a</i>	a Does the organization have local chapters, branches, or affiliates?	Г	10a		X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of sucl and branches to ensure their operations are consistent with those of the organization?	h chapters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	e filing the form?	11	X	
		See Schedule 0	1		<u> </u>
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	<u>'</u>
	b Are officers, directors or trustees, and key employees required to disclose annually interests that	could give rise			
	to conflicts?	_	12b	X	
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this is done See Schedule O	If 'Yes,' describe in	12c	Х	
13	Does the organization have a written whistleblower policy?		13	X	L
14	Does the organization have a written document retention and destruction policy?		14	Х	L
15	Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and decision	oval by independent			
ā	${f a}$ The organization's CEO, Executive Director, or top management official See Schedule ${f Q}$		15 a	Х	
ŀ	b Other officers of key employees of the organization See Schedule O		15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran entity during the year?	gement with a taxable	16a		X
ŀ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to ever in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the control of th	valuate its participation			
	status with respect to such arrangements?	Agamzanon s exempt	16 ь		
Sec	ction C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed ► <u>AZ</u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 inspection. Indicate how you make these available. Check all that apply	0-T (501(c)(3)s only) availa	able f	or put	olic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents statements available to the public See Schedule O	, conflict of interest policy	, and	fınand	cıal
	State the name, physical address, and telephone number of the person who possesses the books		ızatıo	n	
•	MINDY HELSTAB 10533 EAST LAKEVIEW DRIVE SCOTTSDALE AZ 85258	<u> 480.990.2977</u>			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 \overline{X} Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that appl				hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
PETER RUSIN								·		
Executive Direc	0							0.	0.	0.
GEORGE ADAMS										
Director	1	Х	i					0.	0.	0.
MIKE TURNER										
PAST PRESIDENT	1	X						0.	0.	0.
WAYNE BOTKIN										
Director	1	Х						0.	0.	0.
CRAIG CURTIS										
President	5			Х	_			0.	0.	0.
ADAM MAYS	ļ									
Vice President	1			Х				0.	0.	0.
HARRISON DEAN						j				
Treasurer	1			Х				0.	0.	0.
STEVE POSSO										
Secretary	11			Х				0.	0.	0.
									_	
							_			

Part VII Section A. Officers, Directors, Trus	tees, I	Кеу	En	npl	oye	es	, ar	nd Highest Co	mpensated Em	ployees (cont.)
(A)	(B)			(-			(D)	(E)	(F)
Name and Title	Average hours				.—			Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or dir	nstitutional trustee	Officer	Xey e	Highest con	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		dual	rtion	4	employee	est co	ਧ			organization and related
		trust	al tro		yee					organizations
		ee	stee			npensate				
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1 b Total	L	l	L	<u> </u>	<u> </u>	i	<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited	to those	e lis	ted i	abov	ve) v	who	rece			·
from the organization 0					-,			•	,	
										Yes No
3 Did the organization list any former officer, director of	or truste	e. k	ev e	lame	ove	e. o	r hia	hest compensate	d emplovee	
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual						_			3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com	pen	satı f'Ye	on a	ind o	othe olete	r compensation fr Schedule J for si	om uch	
individual	ω φ.σ.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ر <u>ب</u>	,,,,,,			4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa	ation	fror	m aı	าy u	nrel	ated	organization for	services	
	edule J	for s	such	i pei	rson					5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	ende	ent o	cont	ract	ors	that	received more tha	an \$100 000 of	
compensation from the organization										<u> </u>
(A)								(B)	(C)
Name and business address Description of Services Compensation										
										
								 -		
									··	
2 Total number of independent contractors (including to	out not l	ımıte	ed to	tho	se l	ıste	d ab	ove) who received	d more than	
\$100,000 in compensation from the organization >	0									

Pa	rt VIII Statement of Revenue		~			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a					
NAN UNIT	b Membership dues 1b					
S, G	c Fundraising events. 1c					
AR/	d Related organizations 1d					
S S	e Government grants (contributions) 1 e					
ER S	f All other contributions, gifts, grants, and similar amounts not included above					
E E	similar amounts not included above 1 f					
P S	g Noncash contribns included in lns 1a-1f \$					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	Business Code				
N	2a BASEBALL	711300	1,709,041.	1,709,041.		
Ē	b TRAIL RIDE	713990	161,095.	161,095.		
CE	c	713330	101,055.	101,033.		
ER	d					
S	e					
Ş.	f All other program service revenue					
PRO	g Total. Add lines 2a-2f	>	1,870,136.			
	3 Investment income (including dividend	s, interest and				
	other similar amounts)	•	3,513.	3,513.		
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross Rents.					
	b Less rental expenses					•
	c Rental income or (loss)	<u> </u>				
	d Net rental income or (loss)	(ii) Other				····
	7a Gross amount from sales of assets other than inventory	(ii) Other				
	,					
	b Less cost or other basis and sales expenses					
	c Gain or (loss).					
	d Net gain or (loss)	•				
Ä	8a Gross income from fundraising events (not including \$					
OTHER REVENL	of contributions reported on line 1c)	-				
~ RE	See Part IV, line 18	a				
爿	b Less direct expenses	Ь				
2	c Net income or (loss) from fundraising e	events				
	9a Gross income from gaming activities See Part IV, line 19	а				
	b Less direct expenses	ь				
	c Net income or (loss) from gaming activ	/ities ►				
	10a Gross sales of inventory, less returns					
	and allowances	ai				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory >				
	Miscellaneous Revenue	Business Code				
	11a SPECIAL EVENTS	900099	14,230.	14,230.		
	b GENERAL MEMBERSHIP MTG	900099	7,425.	7,425.		
	c MEMBER ORIENTION MEETING	900099	5,865.	5,865.		
	d All other revenue		3,869.	3,869.		
	e Total. Add lines 11a-11d	•	31,389.			
	12 Total revenue. See instructions	▶	1,905,038.	1,905,038.	0.	0.

Part IX | Statement of Functional Expenses

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

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

Do i	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part_VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	342,800.	342,800.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,000.	0.	_0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	27,586.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,200.			
10	Payroll taxes	6,855.			
11	Fees for services (non-employees)				
a	Management				
t	Legal				
C	: Accounting	2,000.			
C	Lobbying				
6	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
	Other				<u> </u>
12	Advertising and promotion	23,528.			
13	Office expenses	39,441.			
14	Information technology	22,681.			
15	Royalties	16 717			
16	Occupancy	16,717.			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,812.			
23	Insurance	3,062.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	BASEBALL EXPENSES	1,024,742.	1,024,742.		
	PROGRAM EXPENSES	103,185.			
	RIDE EXPENSES	101,129.	101,129.		
c	CONSULTANTS	48,000.			
e	CATERING	42,715.			
f	All other expenses	10,990.			
_25	Total functional expenses Add lines 1 through 24f	1,877,443.	1,468,671.	0.	0.
26	Joint costs. Check here if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		<u></u>			Form 990 (2009)

				(A) Beginning of year		(B) End of year		
1	1 Cash – non-interest-bearing			36,955.	1	28,582.		
1 2	2 Savings and temporary cash investments			415,982.	2	419, 496.		
3	Pledges and grants receivable, net			3				
4	4 Accounts receivable, net			1,035.	4			
5	5 Receivables from current and former officers, directors and highest compensated employees Complete Part I	, truste I of Sci	ees, key employees, hedule L		5			
6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))					
.	and persons described in section 4958(c)(3)(B) Comp	lete Pa	rt II of Schedule L		6			
A	7 Notes and loans receivable, net				7			
Ē 8	B Inventories for sale or use				8			
s 9	Prepaid expenses and deferred charges			850.	9	29,733.		
10	Da Land, buildings, and equipment cost or other basis.	10 a	712,339.					
	Complete Part VI of Schedule D							
	b Less accumulated depreciation.	10 b	470,132.	254,019.	10 c	242,207.		
11	1 Investments – publicly-traded securities				11			
12	2 Investments – other securities See Part IV, line 11			12				
13	3 Investments – program-related See Part IV, line 11				13			
14	1 Intangible assets				14			
15	Other assets See Part IV, line 11				15			
16	Total assets Add lines 1 through 15 (must equal line 3	34)		708,841.	16	720,018		
17	7 Accounts payable and accrued expenses		273,250.	17	21,263			
18	3 Grants payable			18				
19	Deferred revenue			19				
20	Tax-exempt bond liabilities			20				
Å 21	I Escrow or custodial account liability Complete Part IV	hedule D		21				
22 	2 Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II						
1	of Schedule L				22	······································		
S 23	3 Secured mortgages and notes payable to unrelated the	rd part	ies		23			
24	Unsecured notes and loans payable to unrelated third	parties			24			
25	Other liabilities Complete Part X of Schedule D				25	235,569		
26	Total liabilities. Add lines 17 through 25			273,250.	26	256,832		
N E	Organizations that follow SFAS 117, check here >	an	d complete lines					
.	27 through 29 and lines 33 and 34.		·					
중 27 동 28					27			
					28			
\$ 29	•				29			
Ř	Organizations that do not follow SFAS 117, check here	X and complete						
ร์ B 30	lines 30 through 34.		······································					
			30 31					
B 31		or capital surplus, or land, building, and equipment fund						
	•	or othe	er funds	435,591.	32	463,186		
A 32 N 33 E 32				435,591.	33	463,186.		
S 34	Total liabilities and net assets/fund balances			708,841.	34	720,018.		

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Form 990 (20		SCOTTSDAI		
Part XI	Finar	ncial Statem	ents and	Reporting

86-6052796

Page 12

Tare At T maneral statements and reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 $\ \square$ Cash $\ \overline{\mathrm{X}}$ Accrual $\ \square$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	·	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

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SCOTTSDATE CHADDOS T

Employer Identification number

SCOTTSDALE CHARROS, INC.	86-6052796
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fun	
the organization answered 'Yes' to Form 990, Part IV, line 6.	,
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in dono funds are the organization's property, subject to the organization's exclusive legal control?	r advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds rused only for charitable purposes and not for the benefit of the donor or donor advisor or for an purpose conferring impermissible private benefit??	may be y other Yes No
Part II Conservation Easements Complete if the organization answered 'Yes' t	o Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e.g., recreation or pleasure) Preservation of	an historically important land area
Protection of natural habitat Preservation of	certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year	e form of a conservation easement on the
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organization during the tax
year •	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easement it holds?	ing of violations, Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemeduring the year ►	ents
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►	\$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that desc conservation easements	expense statement, and balance sheet, and cribes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets 8.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in furtherance the text of the footnote to its financial statements that describes these items	and balance sheet works of art, historical e of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and treasures, or other similar assets held for public exhibition, education, or research in furtherance amounts relating to these items	e of public service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1	≯ \$ ▶ \$
(ii) Assets included in Form 990, Part X	* \$
2 If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 relating to these items	financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	- \$
b Assets included in Form 990, Part X	► \$

Schedule D (Form 990) 2009 SCOTT				86-605		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, o	r Other Similar As	sets (co	ntınued)
3 Using the organization's acquisition items (check all that apply)	on accession ar		-	at are a significant use	of its colle	ction
a Public exhibition		\vdash	or exchange programs			
b Scholarly research		e [] Other				
c Preservation for future genera						
4 Provide a description of the organ Part XIV					e in	
5 During the year, did the organization assets to be sold to raise funds ra	tion solicit or re- ather than to be	ceive donations of art maintained as part o	, historical treasures, or f the organization's colle	other similar ction?	☐Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangeme	ents Complete if	organization answei	red 'Yes' to Form	990, Par	t IV, line
1a Is the organization an agent, trus included on Form 990, Part X?				r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the following	ng table			
. Danisa kalana					Amount	
c Beginning balanced Additions during the year				1c		
Distributions during the year				1d		
f Ending balance				1e 1f		
2a Did the organization include an ai	mount on Form	990 Part X line 212		111	Yes	No
b If 'Yes,' explain the arrangement		550, 1 att 7, iiie 21			□ .es	□,,,
Part V Endowment Funds Co		anization answe	red 'Yes' to Form 9	90. Part IV. line 10).	
	(a) Current ye			(d) Three years back		r years back
1 a Beginning of year balance	•					
b Contributions.						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	·					
Provide the estimated percentage	of the year en	d balance held as				
a Board designated or quasi-endow	ment 🟲	 %				
b Permanent endowment	%					
c Term endowment	%					
3a Are there endowment funds not in	n the possession	n of the organization t	that are held and adminis	stered for the		
organization by						es No
(i) unrelated organizations					3a(i)	
(ii) related organizations		ad as assumed as Cal	and to D2		3a(ii)	
b If 'Yes' to 3a(ii), are the related orDescribe in Part XIV the intended	-	•			3b	
Part VI Investments—Land, B				line 10		
Description of investment		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Boo	ok Value
		(investment)	basis (other)	Depreciation	(4) 500	
1a Land						
b Buildings						
c Leasehold improvements			578,347.	378,158.	2	200,189.
d Equipment	<u> </u>		133,992.	91,974.		42,018.
e Other		V.E				40.005
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X, co	olumn (B), line 10(c))			242,207.
BAA				Sche	uule v (For	m 990) 2009

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sch	edule D (Form 990) 2009 SCOTISDALE CHARROS, INC.	86-603279	o Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ents N/A	<u> </u>
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		. <u> </u>
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return N/	<u>'A</u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments.		
	b Donated services and use of facilities 2b		
	c Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b.		
	b Other (Describe in Part XIV) 4b		
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	N/A
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
	b Prior year adjustments 2b		
	c Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
	· ·	2e 3	
	Subtract line 2e from line 1		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b. 4a	 	
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete to rmation		
		. – – – – – –	

Schedule D (Form 990) 2009	SCOTTSDALE CHARROS, Information (continued)	INC.	86-6052796	Page 5
Part XIVE Supplemental	Information (continued)			
				
			- -	- -
		· 		
				-
				
		-		
				· – – – -

SCHEDULE I

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

2009

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ž (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number X 86-6052796 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV 0 (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 306,650 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 51-0168210 501 (C) 3 SCOTTSDALE CHARROS, INC.

Part I | General Information on Grants and Assistance (b) EIN ------10533 EAST LAKEVIEW DRIVE ____ 1 (a) Name and address of organization THE CHARRO FOUNDATION or government SCOTTSDALE, AZ 85258 ı Name of the organization 111111 1 Part II

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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3 Enter total number of other organizations

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 86-6052796 (e) Method of valuation (book, FMV, appraisal, other) OCCUR BY MEMBERS OF THE DONATION COMMITTEE AND A FINAL REPORT FROM THE BENEFACTOR IS REVIEWED BY THE DONATIONS COMMITTEE AND THEN BY THE BOARD. ON SITE VISITS SOMETIMES - A GRANT APPLICATION REQUIRES A COPY OF THE TAX EXEMPT LETTER. APPLICATIONS ARE (d) Amount of non-cash assistance (c) Amount of cash grant _ Part I, Line 2 - Grantmaker's Description of How Grants are Used INC. SCOTTSDALE CHARROS, (a) Type of grant or assistance Schedule I (Form 990) 2009 REQUIRED Part III

BAA

Schedule I (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

(F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) NONE 86-6052796 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets TYPE 11, Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)**Exempt Code section (**D)** Total income 501 (C) 3 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) AZ CHARITABLE/EDUCA TIONAL PURPOSES OF SCOTISDALE (B) Primary activity (B) Primary activity SUPPORT (A)
Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity THE CHARRO FOUNDATION 10533 EAST LAKEVIEW DRIVE INC <u>SCOTTSDALE, AZ 85258</u> 51-0168210 SCOTTSDALE CHARROS,

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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Page 2

86-6052796

Daries Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34. because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 SCOTTSDALE CHARROS, INC.

	,					ı		
	(J) General or managing partner?	ŝ						
	Genel Mana partr	Yes						
	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)					-	_
	(H) Dispropor- tionate allocations?	No						 _
	Dispi tior alloca	Yes						
ear.)	(G) Share of end-of-year assets			i				
Decayse it riad one of inote related organizations treated as a partitle ship during the tax year.	Share of total income Share of end-of-year assets							
lled as a partifersi	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						
สมเรสแบบร เกียร	(C) (D) Legal Direct domicile controlling entity (state or foreign							
ialeu oi g	(C) Legal domicile (state or foreign	country)						
one or more re	(B) Primary Activity							
חברמחשב וו וומח	(A) Name, address, and EIN of related organization							

[Partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answers	Taxable as a Co	rporation or T	rust (Complet	e if the organ	a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV,	Yes' to Form 990,	Part IV,
Name, address, and EIN of related organization	ed organizations (B) Primary Activity	(C) Legal domicile (State or foreign controlling entity) Survey (C) (D) (D) (E) (C) (C) (C) (C) (C) (C) (C	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
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Schedule R (Form 990) 2009 SCOTISDALE CHARROS, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportonate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	LB
			Yes No		Yes No		Yes No	ا م
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SCHEDULE O (Form'990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
SCOTTSDALE CHARROS, INC.	86-6052796
Form 990, Part VI, Line 11 - Form 990 Review Process	
THE PROCESS OF REVIEW OF THE FORM 990 INVOLVES A FULL REVIEW BY	THE BOARD MEMBERS
AND A REVIEW BY AN INDEPENDENT COMMITTEE.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
THE BOARD OF DIRECTORS MONITORS THE ORANIZATION'S ACITIVITIES.	ANY CONFLICTS ARE
RESOLVED THROUGH BOARD ACTION. COMPLIANCE WITH THE CONFLICT OF	INTEREST POLICY IS
ENFORCED AND MONITERED THROUGH THE USE OF WRITTEN DISCLOSURE ST	CATEMENTS.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Ex	ec. Dir., or Top Mgtment
THE BOARD APPROVES THE HIRING AND COMPENSATION OF THE EXECUTIVE	
DIRECTOR.COMPENSATION IS DETERMINED BY USING COMPARABLE DATA.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
THE BOARD DOES REVIEW OF THE COMPENSATON OF THE EXECUTIVE DIREC	TOR AND THE EMPLOYEES
OF THE ORGANIZATION.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY, AND
FINANCIAL STATEMENTS AVALIABLE TO THE PUBLIC UPON REQUEST.	

	Employer identification number
SCOTTSDALE CHARROS, INC.	86-6052796
	

Schedule **O** (Form 990) 2009

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